
State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Filing at a Glance

Company:	Colorado Dental Service dba Delta Dental of Colorado
Product Name:	PPACA Small Group Dental
State:	Colorado
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health - Dental
Filing Type:	Rate
Date Submitted:	06/14/2013
SERFF Tr Num:	DDCO-129076989
SERFF Status:	Closed-Filed
State Tr Num:	279005
State Status:	Filed
Co Tr Num:	
Implementation	01/01/2014
Date Requested:	
Author(s):	David Sigley
Reviewer(s):	Cathy Gilliland (primary), Nichole Boggess, Michael Muldoon, Amy Filler, Rachel Plummer
Disposition Date:	07/31/2013
Disposition Status:	Filed
Implementation Date:	01/01/2014
State Filing Description:	
SERFF Binder Filing #	DDCO-CO14-125002806

State: Colorado **Filing Company:** Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: File & Use Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Group Market Type: Association, Employer Overall Rate Impact:
Filing Status Changed: 08/01/2013
State Status Changed: 08/01/2013
Created By: David Sigley Deemer Date:
Submitted By: David Sigley
Corresponding Filing Tracking Number:

Filing Description:
PPACA Small Group Dental

Company and Contact

Filing Contact Information

David Sigley, dsigley@ddpco.com
4582 South Ulster Street 303-889-8661 [Phone]
Suite 800
Denver, CO 80211

Filing Company Information

Colorado Dental Service dba Delta	CoCode: 55875	State of Domicile: Colorado
Dental of Colorado	Group Code:	Company Type: Dental
4582 S Uster St Ste 800	Group Name:	Insurance
Denver, CO 80237	FEIN Number: 84-0568337	State ID Number: CO
(303) 889-8665 ext. [Phone]		

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State Specific

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page.

Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 3 CCR 702-4

All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: Yes

Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: Yes

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Nichole Boggess	08/01/2013	08/01/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
No Response Required	Michael Muldoon	07/28/2013	07/28/2013
Pending Industry Response	Michael Muldoon	07/18/2013	07/18/2013
Pending Industry Response	Cathy Gilliland	07/18/2013	07/18/2013
Pending Industry Response	Michael Muldoon	07/14/2013	07/14/2013
Pending Industry Response	Rachel Plummer	07/11/2013	07/11/2013
Pending Industry Response	Cathy Gilliland	07/08/2013	07/08/2013
Pending Industry Response	Cathy Gilliland	06/19/2013	06/19/2013

Response Letters

Responded By	Created On	Date Submitted
David Sigley	07/29/2013	07/29/2013
David Sigley	07/22/2013	07/22/2013
David Sigley	07/22/2013	07/22/2013
David Sigley	07/17/2013	07/17/2013
David Sigley	07/16/2013	07/16/2013
David Sigley	07/15/2013	07/15/2013
David Sigley	06/24/2013	06/24/2013

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Cathy Gilliland	06/19/2013	06/19/2013
Pending Industry Response	Cathy Gilliland	06/17/2013	06/17/2013

Response Letters

Responded By	Created On	Date Submitted
David Sigley	06/28/2013	06/28/2013
David Sigley	06/17/2013	06/17/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Objection Dated July 8, 2013	Note To Reviewer	David Sigley	07/12/2013	07/12/2013
binder	Note To Filer	Cathy Gilliland	06/17/2013	06/17/2013

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Disposition

Disposition Date: 07/31/2013
Implementation Date: 01/01/2014
Status: Filed

Comment: State Tracking #279005
Company: Colorado Dental Services – Delta Dental
Product Line: Small Group Standalone

Dental Rate Implementation Summary
Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a new Filing for 2014 Standalone Dental plans, there is no rate change involved with this filing. The purpose of this rate filing is to establish new product rates for standalone dental plans that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

On Exchange Only Plans
Child Only Pediatric: 2 Plans (High Av Pediatric plan, Low AV Pediatric Plan).
Other Adult & Child: 2 Plans (Both High Av plans).

Off Exchange Only Plans Other Adult & Child: 122 plans.

See attached document for more information on this filing.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Colorado Dental Service dba Delta Dental of Colorado	0.000%	0.000%	\$0	69,674	\$25,375,271	33.500%	-25.500%

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	HR-1 Form (H)		Yes
Supporting Document (revised)	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Certification		Yes
Supporting Document	Justification of Actuarial Value		Yes
Form (revised)	Family Plan - Mesa		Yes
Form	A Contract		Yes
Form (revised)	Family Plan - Summit		Yes
Form	B Contract		Yes
Form (revised)	Child Plan - Summit		Yes
Form	C Contract		Yes
Form (revised)	Child Plan - Mesa		Yes
Form	D Contract		Yes
Form (revised)	ABP Option 1		Yes
Form	Voluntary C Contract		Yes
Form (revised)	ABP Option 2		Yes
Form	SmGrp 2014		Yes
Form (revised)	ABP Option 3		Yes
Form	Implant Rider		Yes

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	ABP Option 4		Yes
Form	Orthodontic Rider		Yes
Form	ABP Option 5		Yes
Form	Beta Health Plan A		Yes
Form	Beta Health Plan B		Yes
Form	Beta Health Plan C		Yes
Form	Beta Health Plan D		Yes
Form	Beta Health Plan E		Yes
Form	Beta Health Plan F		Yes
Form	Beta Health Plan A Ortho		Yes
Form	Beta Health Plan B Ortho		Yes
Form	Beta Health Plan C Ortho		Yes
Form	Beta Health Plan D Ortho		Yes
Form	Beta Health Plan E Ortho		Yes
Form	Beta Health Plan F Ortho		Yes
Form	Patient Freedom Option 2		Yes
Form	Patient Freedom Option 3		Yes
Form	Patient Freedom Option 4		Yes
Form	Patient Freedom Option 5		Yes
Form	Patient Freedom Option 7		Yes
Form	Patient Freedom Option 8		Yes
Form	Patient Freedom Option 9		Yes
Form	Patient Freedom Option 10		Yes

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Patient Freedom Option 2 Ortho		Yes
Form	Patient Freedom Option 3 Ortho		Yes
Form	Patient Freedom Option 4 Ortho		Yes
Form	Patient Freedom Option 5 Ortho		Yes
Form	Patient Freedom Option 7 Ortho		Yes
Form	Patient Freedom Option 8 Ortho		Yes
Form	Patient Freedom Option 9 Ortho		Yes
Form	Patient Freedom Option 10 Ortho		Yes
Form	Rocky MAC 11		Yes
Form	Rocky MAC 11 Voluntary		Yes
Form	Rocky Premier 11		Yes
Form	Rocky Premier 11 Voluntary		Yes
Form	Rocky Premier 12		Yes
Form	Rocky Premier 12 Voluntary		Yes
Form	Rocky Premier 15		Yes
Form	Rocky Premier 15 Voluntary		Yes
Form	Rocky Premier 16		Yes
Form	Rocky Premier 16 Voluntary		Yes
Form	Rocky Premier 6		Yes
Form	Rocky Premier 6 Voluntary		Yes
Form	Rocky Premier 8		Yes
Form	Rocky Premier 8 Voluntary		Yes
Form	Kaiser N12		Yes

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Kaiser N12 Ortho		Yes
Form	Kaiser 1851		Yes
Form	Plan 6-C 1000		Yes
Form	Plan 6-C 1500		Yes
Form	Plan 6-C 2000		Yes
Form	Plan 6-C 1000 Ortho		Yes
Form	Plan 6-C 1500 Ortho		Yes
Form	Plan 6-C 2000 Ortho		Yes
Form	Plan 2-C 1000		Yes
Form	Plan 2-C 1500		Yes
Form	Plan 2-C 2000		Yes
Form	Plan 2-C 1000 Ortho		Yes
Form	Plan 2-C 1500 Ortho		Yes
Form	Plan 2-C 2000 Ortho		Yes
Form	Plan 2-V 1000		Yes
Form	Plan 2-V 1500		Yes
Form	Plan 2-V 2000		Yes
Form	Plan 2-V 1000 Ortho		Yes
Form	Plan 2-V 1500 Ortho		Yes
Form	Plan 2-V 2000 Ortho		Yes
Form	Plan 1-C 1000		Yes
Form	Plan 1-C 1500		Yes
Form	Plan 1-C 2000		Yes

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Plan 1-C 1000 Ortho		Yes
Form	Plan 1-C 1500 Ortho		Yes
Form	Plan 1-C 2000 Ortho		Yes
Form	Plan 2A-C 1000		Yes
Form	Plan 2A-C 1500		Yes
Form	Plan 2A-C 2000		Yes
Form	Plan 2A-C 1000 Ortho		Yes
Form	Plan 2A-C 1500 Ortho		Yes
Form	Plan 2A-C 2000 Ortho		Yes
Form	Plan 3-C 1000		Yes
Form	Plan 3-C 1500		Yes
Form	Plan 3-C 2000		Yes
Form	Plan 3-C 1000 Ortho		Yes
Form	Plan 3-C 1500 Ortho		Yes
Form	Plan 3-C 2000 Ortho		Yes
Form	Plan 1-V 1000		Yes
Form	Plan 1-V 1500		Yes
Form	Plan 1-V 2000		Yes
Form	Plan 1-V 1000 Ortho		Yes
Form	Plan 1-V 1500 Ortho		Yes
Form	Plan 1-V 2000 Ortho		Yes
Form	Plan 2A-V 1000		Yes
Form	Plan 2A-V 1500		Yes

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Plan 2A-V 2000		Yes
Form	Plan 2A-V 1000 Ortho		Yes
Form	Plan 2A-V 1500 Ortho		Yes
Form	Plan 2A-V 2000 Ortho		Yes
Form	Plan 3-V 1000		Yes
Form	Plan 3-V 1500		Yes
Form	Plan 3-V 2000		Yes
Form	Plan 3-V 1000 Ortho		Yes
Form	Plan 3-V 1500 Ortho		Yes
Form	Plan 3-V 2000 Ortho		Yes
Form	Plan 4-C 1000		Yes
Form	Plan 4-C 1500		Yes
Form	Plan 4-C 2000		Yes
Form	Plan 4-C 1000 Ortho		Yes
Form	Plan 4-C 1500 Ortho		Yes
Form	Plan 4-C 2000 Ortho		Yes
Form	Plan 5-C 1000		Yes
Form	Plan 5-C 1500		Yes
Form	Plan 5-C 2000		Yes
Form	Plan 5-C 1000 Ortho		Yes
Form	Plan 5-C 1500 Ortho		Yes
Form	Plan 5-C 2000 Ortho		Yes
Form	Plan 4-V 1000		Yes

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Plan 4-V 1500		Yes
Form	Plan 4-V 2000		Yes
Form	Plan 4-V 1000 Ortho		Yes
Form	Plan 4-V 1500 Ortho		Yes
Form	Plan 4-V 2000 Ortho		Yes
Rate (revised)	Rate Sheets/Manual		Yes
Rate	Rate Sheets/Manual		Yes
Rate (revised)	Rate Sheets - Exchange Plans		Yes
Rate	Rate Sheets - Exchange Plans		Yes

Final Disposition Letter

State Tracking #279005

Company: Colorado Dental Services – Delta Dental

Product Line: Small Group Standalone Dental

Rate Implementation Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a new Filing for 2014 Standalone Dental plans, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates for standalone dental plans that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

On Exchange Only Plans

Child Only Pediatric: 2 Plans (High Av Pediatric plan, Low AV Pediatric Plan).

Other Adult & Child: 2 Plans (Both High Av plans).

Off Exchange Only Plans

Other Adult & Child: 122 plans.

Rate Methodology

Experience Used for Rate Setting: The rates for all plan designs were based on actual experience incurred during the time period April 2012 through March 2013 by members enrolled in existing group products. Claims were projected forward to 1/1/2014 at an annual trend rate of 4% and were adjusted for benefits and administrative expenses.

2012 Experience Period Loss Ratio: 82.76% based on an average of 497,953 members enrolled with \$133.3 million in premium (\$22.75 pmpm).

Annual Dental Cost Trends: 4.0%.

Premium Retained to Cover Expenses, Taxes Fees and Profits

Administrative costs: Expenses the insurance company pays to operate this insurance plan.

This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Total premium retention is 31.53% shown as follows:

General Admin: 16.25%

Commissions: 8.7%

Fed Health Insurer fee: 2.5%

Risk Margin 4.08%

Final Disposition Letter

Sample of Final Premium Levels

			High	Low
Rating Area 3	0-20	Min	\$13.25	\$15.01
		Max	\$36.22	\$30.18
	21	Min	\$0.00	\$0.00
		Max	\$43.88	\$30.08
	64	Min	\$0.00	\$0.00
		Max	\$43.88	\$30.08
Rating Area 4	0-20	Min	\$12.37	\$15.01
		Max	\$36.22	\$30.18
	21	Min	\$0.00	\$0.00
		Max	\$44.55	\$30.08
	64	Min	\$0.00	\$0.00
		Max	\$44.55	\$30.08
Rating Area 5	0-20	Min	\$10.46	\$15.01
		Max	\$36.22	\$30.18
	21	Min	\$0.00	\$0.00
		Max	\$43.88	\$30.08
	64	Min	\$0.00	\$0.00
		Max	\$43.88	\$30.08
Rating Area 7	0-20	Min	\$10.46	\$15.01
		Max	\$36.22	\$30.18
	21	Min	\$0.00	\$0.00
		Max	\$43.88	\$30.08
	64	Min	\$0.00	\$0.00
		Max	\$43.88	\$30.08

Division Objections and Rate Changes During the Review Process

The Division objected to 0.53% of the fees built into premium retention, requested the issuer to carry this as additional risk margin in the rates.

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

State: Colorado **Filing Company:** Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Objection Letter

Objection Letter Status	No Response Required
Objection Letter Date	07/28/2013
Submitted Date	07/28/2013
Respond By Date	07/30/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: You indicated that you have included the following amount in retention:

"An estimated \$0.18 PMPM fee to fund Connect for Health Colorado. This fee is based on the maximum amount allowable under Colorado law."

Please note, Connect for Health Colorado indicated that they are not collecting the \$1.80 pmpm for medical plans, and \$0.18 pmpm for dental plans in 2014.

Also, these fees will be collected directly by Connect for Health Colorado in future years, not to be included as premium loads.

Please refer to Connect for Health Colorado regarding this item.

Please remove this \$0.18 pmpm retention load from your rate filing material. You may adjust rates by \$0.18 pmpm or keep rates the same and indicate in overall retention that it is within expected variance levels for your estimated retention.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Sincerely,

Michael Muldoon

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/18/2013
Submitted Date	07/18/2013
Respond By Date	07/23/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments:

As discussed on our phone call, please split out the following types of expenses separately from your 16.25% general admin load and show each separately as a % of premium:

State Premium taxes

Fed & State Income taxes

PPACA Health Insurer Fee

Other PPACA Fees and assessments

Colorado Exchange Fee: Was set by COHBE to be 1.4% of Exchange based premium.

Other State Fees and Assessments

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/23/2013, which is within 5 calendar days from the date of this correspondence.

Failure to provide a full or complete response may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Michael Muldoon

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/18/2013
Submitted Date	07/18/2013
Respond By Date	07/22/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide form #'s on the form schedule tab. The form"s need to distinguish from each plan. You may assign numbers. Example : contract A PPO example: contract A EPO example: contract A HMO, etc

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/22/2013, which is within 4 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/22/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/14/2013
Submitted Date	07/14/2013
Respond By Date	07/17/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Actuarial Memorandum (Supporting Document)

Comments: Actuarial Memorandum Support

Section N: Please show the experience for the 12-month experience period (Apr 2012 to Mar 2013) used to develop the index rates. Show this experience period as an additional line in the table in section N.

Section K: Show the projection calculation including the trend adjustments applied to project claims pmpm to the rating period 2014, and including the retention of 28.5% to arrive at final premium pmpm.

Objection 2

- Actuarial Memorandum (Supporting Document)

Comments: You provided a certification that the AV levels comply with the Low and High levels, and noted the process used to develop AVs as follows:

"Pediatric benefits were designed to achieve the required 70% and 85% actuarial values (AVs) for the pediatric population only. The actuarial value was calculated as the ratio of the estimated claims cost paid by the plan PMPM divided by the allowed claims PMPM, for services performed in-network only. A separate actuarial value certification has been submitted with this filing."

Please indicate the data source and tool / method used to perform this analysis, provide detail of the AV calculation for the On Exchange Child Plan Mesa (Low) and Child Plan Summit (High).

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/17/2013, which is within 3 calendar days from the date of this correspondence.

Failure to provide a full or complete response may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Michael Muldoon

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/11/2013
Submitted Date	07/11/2013
Respond By Date	07/16/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide a rate manual for exchange plans only. The current manual does not conform to the rating rules in the rate data template and do not match. Provide a base rate and an age and geographic factor, along with any other factors that may be applicable. Clarify that the on the exchange plans for pediatric dental have the same rates for 0-20 year olds, due to Exchange system requirements the rates must be guaranteed rates and not estimated rates.

Objection 2

Comments: Please provide the Serff tracking number of the form filing that has the benefit modifications to the old plans.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 7/16/2013, which is within 5 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/16/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/08/2013
Submitted Date	07/08/2013
Respond By Date	07/11/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (L) Trend: This section must describe the trend assumptions used in pricing. These assumptions must each be separately discussed, adequately supported, and also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported.

1. Up to the four most recent years of monthly experience used to evaluate historical trends should be provided if available. This experience may be data for the plan being rated, or may include data from other Colorado or National business for similar lines of business, product designs, or benefit configurations.
2. The loss data for a health benefit plan or an applicable plan that pays on an expense basis must be on an incurred basis with pharmacy data shown separately from medical data, and showing separately the accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and incurred but not reported (IBNR) reserves) as of the valuation date. The plan should indicate the number of paid claim months of run out used beyond the end of the incurred claims period.
3. The claims experience for a health benefit plan or an applicable plan that pays on an expense basis should include the following separate data elements for each month: actual medical (non-pharmacy) paid on incurred claims, total medical incurred claims including estimated IBNR claims, actual pharmacy paid on incurred claims, total pharmacy incurred claims including estimated IBNR claims, average covered lives for medical, and average covered lives for pharmacy.
4. The health benefit plan or an applicable plan that pays on an expense basis should also show these data elements aggregated by 12-month annual periods, with yearly per member per months (pmpms) and year over year pmpm trends separately for medical and pharmacy. The plan should also show the annual experience pmpms and trends normalized for changes in demographics, benefit changes, and other factors impacting the true underlying trends.
5. The trend assumptions by major service category shall be, if practical, separately quantified into two categories, medical and insurance, as defined below:
 - a. Medical trend is the combined effect of medical provider price increases, utilization changes, medical cost shifting, and new medical procedures and technology.
 - b. Insurance trend is the combined effect of underwriting wearoff, deductible leveraging, and antiselection resulting from rate increases and discontinuance of new sales. Note: medical trend must be determined or assumed before insurance trend can be determined. Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products.

Objection 2

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (P) Please provide the support on how the projections were calculated: Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved.

State: Colorado **Filing Company:** Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Conclusion:

Sincerely,
Cathy Gilliland

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/19/2013
Submitted Date	06/19/2013
Respond By Date	07/03/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide requested filing mode on the general information tab.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/03/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/03/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Cathy Gilliland

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/19/2013
Submitted Date	06/19/2013
Respond By Date	07/03/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide form #'s on the form schedule tab.

Objection 2

Comments: Please provide a lead form number for future filings.

Objection 3

- Actuarial Memorandum (Supporting Document)

Comments: (H) Regulation 4-2-11 (H) Retention Percentage: The actuarial memorandum must list and adequately support each specific component of the retention percentage. The support for a health benefit plan must include a comparison of the most recent levels experienced for each component as shown in the plan's financial statements, with an explanation for any variations between retention loads used and actual experience for each component.

a. If the product was not initially priced using a lifetime loss ratio standard, the retention percentage is equal to the sum of all non-claim components of the rate including investment income from unearned premium reserves, contract or policy reserves, reserves from incurred losses, and reserves from incurred but not reported losses.

Each of these specific components must be expressed as a percentage of the earned premium, and should sum to the total carrier retention percentage. Each component should reflect the average assumption used in pricing. Ranges for each assumption and flat dollar amounts are not permitted. The component for profit/contingencies should reflect the target load for profit and contingencies, and not the expected results or operating margin.

Objection 4

- Actuarial Memorandum (Supporting Document)

Comments: (H) The Division recommended benefits ratio guidelines are as listed below. Targeted benefits ratios below these guidelines shall be actuarially justified.

Benefits Ratio Guidelines

Comprehensive Major Medical (Individual) 75%

Comprehensive Major Medical (Small Group) 80%

Comprehensive Major Medical (Large Group) 85%

Comprehensive Major Medical (Student Blanket) 80%

Specified or Dread Disease 60%

Limited Benefit Plans 60%

Disability Income 60%

Dental/Vision 60%

Stop Loss 60%

Short Term Limited Duration Health Insurance 60%

Objection 5

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (P) Benefits Ratio Projections: The memorandum must contain a section projecting the

State: Colorado **Filing Company:** Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved.

Objection 6

- Actuarial Memorandum (Supporting Document)

Comments: Please provide age rates. Regulation 4-6-7 Acceptable Case Characteristic Factor Categories - For all small employer policies

carriers choosing to modify the unique index rate by the use of case characteristics must utilize one or more of the categories listed below. Carriers shall develop a rating factor for each category, which is actuarially based.

a. Age - if a carrier uses age to calculate rates, then it shall use the following 12 mandatory age categories. Rates must be based on employee age only, not employee and spouse ages.

Mandatory Age Categories

Children ages newborn through age 19 (or through age 24 if the child is a full-time student covered as a dependent), excluding emancipated minors

Emancipated minors and persons ages 20 through 24

Age 25 through 29

Age 30 through 34

Age 35 through 39

Age 40 through 44

Age 45 through 49

Age 50 through 54

Age 55 through 59

Age 60 through 64

Age 65 and older: Medicare is primary payer

Age 65 and older: Medicare is secondary payer

Objection 7

Comments: Please remove # of policy holders, written premium on the rate rule schedule as this is a new product

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/03/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/03/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-

State: Colorado **Filing Company:** Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

1-215 and other fine and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/17/2013
Submitted Date	06/17/2013
Respond By Date	06/18/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide the binder and the binder # for this filing.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/18/2013, which is within 0 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/18/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/29/2013
Submitted Date	07/29/2013

Dear Cathy Gilliland,

Introduction:

Please see comments below.

Response 1

Comments:

The \$0.18 retention has been moved into the risk margin. We did not make any adjustments for the 1.4% Exchange fee because we expect the vast majority of our business to be off of the Exchange. The additional risk margin provides some protection if Exchange enrollment is higher than anticipated.

Related Objection 1

Comments: You indicated that you have included the following amount in retention:

"An estimated \$0.18 PMPM fee to fund Connect for Health Colorado. This fee is based on the maximum amount allowable under Colorado law."

Please note, Connect for Health Colorado indicated that they are not collecting the \$1.80 pmpm for medical plans, and \$0.18 pmpm for dental plans in 2014.

Also, these fees will be collected directly by Connect for Health Colorado in future years, not to be included as premium loads.

Please refer to Connect for Health Colorado regarding this item.

Please remove this \$0.18 pmpm retention load from your rate filing material. You may adjust rates by \$0.18 pmpm or keep rates the same and indicate in overall retention that it is within expected variance levels for your estimated retention.

Changed Items:

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v6).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v5).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v4).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v3).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v2).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group.pdf

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

David Sigley

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/22/2013
Submitted Date	07/22/2013

Dear Cathy Gilliland,

Introduction:

Please see my comments below.

Response 1

Comments:

The requested information has been added to the revised actuarial memorandum. Please note that we had not made an allowance for ACA fees previously, so the target retention has increased slightly. In order to avoid rate changes, we adjusted the underlying utilization assumptions to reduce the expected claims by an offsetting amount.

I still feel that the resulting claim totals fall within a reasonable range of actuarial judgment.

Related Objection 1

Comments:

As discussed on our phone call, please split out the following types of expenses separately from your 16.25% general admin load and show each separately as a % of premium:

State Premium taxes

Fed & State Income taxes

PPACA Health Insurer Fee

Other PPACA Fees and assessments

Colorado Exchange Fee: Was set by COHBE to be 1.4% of Exchange based premium.

Other State Fees and Assessments

Changed Items:

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v5).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v4).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v3).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v2).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

SERFF Tracking #:	DDCO-129076989	State Tracking #:	279005	Company Tracking #:	
State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	PPACA Small Group Dental				
Project Name/Number:	/				

David Sigley

SERFF Tracking #:	DDCO-129076989	State Tracking #:	279005	Company Tracking #:	
<hr/>					
State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	PPACA Small Group Dental				
Project Name/Number:	/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/22/2013
Submitted Date	07/22/2013

Dear Cathy Gilliland,

Introduction:

Please see comments below.

Response 1

Comments:

The requested form numbers have been added. We have also added the Plan IDs to the rate schedules, as requested by your consultants.

Related Objection 1

Comments: Please provide form #'s on the form schedule tab. The form"s need to distinguish from each plan. You may assign numbers. Example : contract A PPO example: contract A EPO example: contract A HMO, etc

Changed Items:

No Supporting Documents changed.

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

Previous Version

1	A Contract		POLA	Other	No Action			Date Submitted: 06/14/2013 By: David Sigley
2	Family Plan - Summit	DDCO-02-0005	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

Previous Version

2	B Contract		POLA	Other	No Action			Date Submitted: 06/14/2013 By: David Sigley
3	Child Plan - Summit	DDCO-02-0006	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

Previous Version

3	C Contract		POLA	Other	No Action			Date Submitted: 06/14/2013 By: David Sigley
4	Child Plan - Mesa	DDCO-02-0007	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

Previous Version

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
4	D Contract		POLA	Other	No Action			Date Submitted: 06/14/2013 By: David Sigley
5	ABP Option 1	DDCO-02-0008	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
Previous Version								
5	Voluntary C Contract		POLA	Other	No Action			Date Submitted: 06/14/2013 By: David Sigley
6	ABP Option 2	DDCO-02-0009	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
Previous Version								
6	SmGrp 2014		POLA	Other	No Action			Date Submitted: 06/14/2013 By: David Sigley
7	ABP Option 3	DDCO-02-0010	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
Previous Version								

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
7	Implant Rider		POLA	Other	No Action			Date Submitted: 06/14/2013 By: David Sigley
8	ABP Option 4	DDCO-02-0011	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
Previous Version								
8	Orthodontic Rider		POLA	Other	No Action			Date Submitted: 06/14/2013 By: David Sigley
9	ABP Option 5	DDCO-02-0012	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
10	Beta Health Plan A	DDCO-02-0013	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
11	Beta Health Plan B	DDCO-02-0014	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
12	Beta Health Plan C	DDCO-02-0015	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
13	Beta Health Plan D	DDCO-02-0016	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
14	Beta Health Plan E	DDCO-02-0017	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
15	Beta Health Plan F	DDCO-02-0018	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
16	Beta Health Plan A Ortho	DDCO-02-0019	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
17	Beta Health Plan B Ortho	DDCO-02-0020	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
18	Beta Health Plan C Ortho	DDCO-02-0021	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
19	Beta Health Plan D Ortho	DDCO-02-0022	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
20	Beta Health Plan E Ortho	DDCO-02-0023	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
21	Beta Health Plan F Ortho	DDCO-02-0024	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
22	Patient Freedom Option 2	DDCO-02-0025	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
23	Patient Freedom Option 3	DDCO-02-0026	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
24	Patient Freedom Option 4	DDCO-02-0027	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
25	Patient Freedom Option 5	DDCO-02-0028	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
26	Patient Freedom Option 7	DDCO-02-0029	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
27	Patient Freedom Option 8	DDCO-02-0030	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
28	Patient Freedom Option 9	DDCO-02-0031	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
29	Patient Freedom Option 10	DDCO-02-0032	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
30	Patient Freedom Option 2 Ortho	DDCO-02-0033	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
31	Patient Freedom Option 3 Ortho	DDCO-02-0034	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
32	Patient Freedom Option 4 Ortho	DDCO-02-0035	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
33	Patient Freedom Option 5 Ortho	DDCO-02-0036	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
34	Patient Freedom Option 7 Ortho	DDCO-02-0037	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
35	Patient Freedom Option 8 Ortho	DDCO-02-0038	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
36	Patient Freedom Option 9 Ortho	DDCO-02-0039	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
37	Patient Freedom Option 10 Ortho	DDCO-02-0040	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
38	Rocky MAC 11	DDCO-02-0041	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
39	Rocky MAC 11 Voluntary	DDCO-02-0042	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
40	Rocky Premier 11	DDCO-02-0043	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
41	Rocky Premier 11 Voluntary	DDCO-02-0044	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
42	Rocky Premier 12	DDCO-02-0045	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
43	Rocky Premier 12 Voluntary	DDCO-02-0046	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
44	Rocky Premier 15	DDCO-02-0047	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
45	Rocky Premier 15 Voluntary	DDCO-02-0048	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
46	Rocky Premier 16	DDCO-02-0049	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
47	Rocky Premier 16 Voluntary	DDCO-02-0050	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
48	Rocky Premier 6	DDCO-02-0051	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
49	Rocky Premier 6 Voluntary	DDCO-02-0052	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
50	Rocky Premier 8	DDCO-02-0053	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
51	Rocky Premier 8 Voluntary	DDCO-02-0054	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
52	Kaiser N12	DDCO-02-0055	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
53	Kaiser N12 Ortho	DDCO-02-0056	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
54	Kaiser 1851	DDCO-02-0057	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
55	Plan 6-C 1000	DDCO-02-0058	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
56	Plan 6-C 1500	DDCO-02-0059	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
57	Plan 6-C 2000	DDCO-02-0060	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
58	Plan 6-C 1000 Ortho	DDCO-02-0061	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
59	Plan 6-C 1500 Ortho	DDCO-02-0062	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
60	Plan 6-C 2000 Ortho	DDCO-02-0063	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
61	Plan 2-C 1000	DDCO-02-0064	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
62	Plan 2-C 1500	DDCO-02-0065	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
63	Plan 2-C 2000	DDCO-02-0066	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
64	Plan 2-C 1000 Ortho	DDCO-02-0067	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
65	Plan 2-C 1500 Ortho	DDCO-02-0068	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
66	Plan 2-C 2000 Ortho	DDCO-02-0069	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
67	Plan 2-V 1000	DDCO-02-0070	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
68	Plan 2-V 1500	DDCO-02-0071	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
69	Plan 2-V 2000	DDCO-02-0072	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
70	Plan 2-V 1000 Ortho	DDCO-02-0073	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
71	Plan 2-V 1500 Ortho	DDCO-02-0074	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
72	Plan 2-V 2000 Ortho	DDCO-02-0075	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
73	Plan 1-C 1000	DDCO-02-0076	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
74	Plan 1-C 1500	DDCO-02-0077	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
75	Plan 1-C 2000	DDCO-02-0078	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
76	Plan 1-C 1000 Ortho	DDCO-02-0079	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
77	Plan 1-C 1500 Ortho	DDCO-02-0080	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
78	Plan 1-C 2000 Ortho	DDCO-02-0081	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
79	Plan 2A-C 1000	DDCO-02-0082	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
80	Plan 2A-C 1500	DDCO-02-0083	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
81	Plan 2A-C 2000	DDCO-02-0084	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
82	Plan 2A-C 1000 Ortho	DDCO-02-0085	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
83	Plan 2A-C 1500 Ortho	DDCO-02-0086	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
84	Plan 2A-C 2000 Ortho	DDCO-02-0087	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
85	Plan 3-C 1000	DDCO-02-0088	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
86	Plan 3-C 1500	DDCO-02-0089	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
87	Plan 3-C 2000	DDCO-02-0090	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
88	Plan 3-C 1000 Ortho	DDCO-02-0091	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
89	Plan 3-C 1500 Ortho	DDCO-02-0092	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
90	Plan 3-C 2000 Ortho	DDCO-02-0093	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
91	Plan 1-V 1000	DDCO-02-0094	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
92	Plan 1-V 1500	DDCO-02-0095	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
93	Plan 1-V 2000	DDCO-02-0096	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
94	Plan 1-V 1000 Ortho	DDCO-02-0097	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
95	Plan 1-V 1500 Ortho	DDCO-02-0098	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
96	Plan 1-V 2000 Ortho	DDCO-02-0099	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
97	Plan 2A-V 1000	DDCO-02-0100	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
98	Plan 2A-V 1500	DDCO-02-0101	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
99	Plan 2A-V 2000	DDCO-02-0102	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
100	Plan 2A-V 1000 Ortho	DDCO-02-0103	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
101	Plan 2A-V 1500 Ortho	DDCO-02-0104	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
102	Plan 2A-V 2000 Ortho	DDCO-02-0105	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
103	Plan 3-V 1000	DDCO-02-0106	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
104	Plan 3-V 1500	DDCO-02-0107	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
105	Plan 3-V 2000	DDCO-02-0108	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
106	Plan 3-V 1000 Ortho	DDCO-02-0109	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
107	Plan 3-V 1500 Ortho	DDCO-02-0110	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
108	Plan 3-V 2000 Ortho	DDCO-02-0111	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
109	Plan 4-C 1000	DDCO-02-0112	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
110	Plan 4-C 1500	DDCO-02-0113	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
111	Plan 4-C 2000	DDCO-02-0114	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
112	Plan 4-C 1000 Ortho	DDCO-02-0115	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
113	Plan 4-C 1500 Ortho	DDCO-02-0116	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
114	Plan 4-C 2000 Ortho	DDCO-02-0117	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
115	Plan 5-C 1000	DDCO-02-0118	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
116	Plan 5-C 1500	DDCO-02-0119	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
117	Plan 5-C 2000	DDCO-02-0120	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
118	Plan 5-C 1000 Ortho	DDCO-02-0121	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
119	Plan 5-C 1500 Ortho	DDCO-02-0122	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
120	Plan 5-C 2000 Ortho	DDCO-02-0123	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
121	Plan 4-V 1000	DDCO-02-0124	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
122	Plan 4-V 1500	DDCO-02-0125	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
123	Plan 4-V 2000	DDCO-02-0126	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
124	Plan 4-V 1000 Ortho	DDCO-02-0127	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
125	Plan 4-V 1500 Ortho	DDCO-02-0128	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley
126	Plan 4-V 2000 Ortho	DDCO-02-0129	POLA	Other	No Action			Date Submitted: 07/22/2013 By: David Sigley

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Rate/Rule Schedule Item Changes						
1	Rate Sheets/Manual	DDCO-02-0008, DDCO-02-0009, DDCO-02-0010, DDCO-02-0011, DDCO-02-0012, DDCO-02-0013, DDCO-02-0014, DDCO-02-0015, DDCO-02-0016, DDCO-02-0017, DDCO-02-0018, DDCO-02-0019, DDCO-02-0020, DDCO-02-0021, DDCO-02-0022, DDCO-02-0023, DDCO-02-0024, DDCO-02-0025, DDCO-02-0026, DDCO-02-0027, DDCO-02-0028, DDCO-02-0029, DDCO-02-0030, DDCO-02-0031, DDCO-02-0032, DDCO-02-0033, DDCO-02-0034, DDCO-02-0035, DDCO-02-0036, DDCO-02-0037, DDCO-02-0038,	Revised	Previous State Filing Number: DDCO-128744691 Percent Rate Change Request: 1.4	Small Group Rates - Modified Plans.pdf,	07/22/2013 By: David Sigley

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Rate/Rule Schedule Item Changes						
		DDCO-02-0039, DDCO-02-0040, DDCO-02-0041, DDCO-02-0042, DDCO-02-0043, DDCO-02-0044, DDCO-02-0045, DDCO-02-0046, DDCO-02-0047, DDCO-02-0048, DDCO-02-0049, DDCO-02-0050, DDCO-02-0051, DDCO-02-0052, DDCO-02-0053, DDCO-02-0054, DDCO-02-0055, DDCO-02-0056, DDCO-02-0057, DDCO-02-0058, DDCO-02-0059, DDCO-02-0060, DDCO-02-0061, DDCO-02-0062, DDCO-02-0063, DDCO-02-0064, DDCO-02-0065, DDCO-02-0066, DDCO-02-0067, DDCO-02-0068, DDCO-02-0069,				

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Rate/Rule Schedule Item Changes						
		DDCO-02-0070, DDCO-02-0071, DDCO-02-0072, DDCO-02-0073, DDCO-02-0074, DDCO-02-0075, DDCO-02-0076, DDCO-02-0077, DDCO-02-0078, DDCO-02-0079, DDCO-02-0080, DDCO-02-0081, DDCO-02-0082, DDCO-02-0083, DDCO-02-0084, DDCO-02-0085, DDCO-02-0086, DDCO-02-0087, DDCO-02-0088, DDCO-02-0089, DDCO-02-0090, DDCO-02-0091, DDCO-02-0092, DDCO-02-0093, DDCO-02-0094, DDCO-02-0095, DDCO-02-0096, DDCO-02-0097, DDCO-02-0098, DDCO-02-0099, DDCO-02-0100,				

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Rate/Rule Schedule Item Changes						
		DDCO-02-0101, DDCO-02-0102, DDCO-02-0103, DDCO-02-0104, DDCO-02-0105, DDCO-02-0106, DDCO-02-0107, DDCO-02-0108, DDCO-02-0109, DDCO-02-0110, DDCO-02-0111, DDCO-02-0112, DDCO-02-0113, DDCO-02-0114, DDCO-02-0115, DDCO-02-0116, DDCO-02-0117, DDCO-02-0118, DDCO-02-0119, DDCO-02-0120, DDCO-02-0121, DDCO-02-0122, DDCO-02-0123, DDCO-02-0124, DDCO-02-0125, DDCO-02-0126, DDCO-02-0127, DDCO-02-0128, DDCO-02-0129				
Previous Version						

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Rate/Rule Schedule Item Changes						
1	Rate Sheets/Manual		Revised	Previous State Filing Number: DDCO-128744691 Percent Rate Change Request: 1.4	Small Group Rates.pdf,	06/14/2013 By: David Sigley
2	Rate Sheets - Exchange Plans	DDCO-02-0004, DDCO-02-0005, DDCO-02-0006, DDCO-02-0007	New		Small Group Rates - Exchange Plans.pdf,	07/22/2013 By: David Sigley
Previous Version						
2	Rate Sheets - Exchange Plans	005, 007, 009, 011	New		Individual Rates - Exchange Plans.pdf,	07/16/2013 By: David Sigley

Conclusion:

Thank you.
Sincerely,
David Sigley

SERFF Tracking #:	DDCO-129076989	State Tracking #:	279005	Company Tracking #:	
<hr/>					
State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	PPACA Small Group Dental				
Project Name/Number:	/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/17/2013
Submitted Date	07/17/2013

Dear Cathy Gilliland,

Introduction:

Please see comments below.

Response 1

Comments:

An illustration of the rate development and the requested claim information have been included in the revised memorandum. Please note that, in the course of preparing this information, we identified a methodological error in the initial rate build-up so the Exchange rates do not match the previously filed rate. We will need your guidance regarding correcting the Rate Template to match the corrected rates.

Related Objection 1

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Actuarial Memorandum Support

Section N: Please show the experience for the 12-month experience period (Apr 2012 to Mar 2013) used to develop the index rates. Show this experience period as an additional line in the table in section N.

Section K: Show the projection calculation including the trend adjustments applied to project claims pmppm to the rating period 2014, and including the retention of 28.5% to arrive at final premium pmppm.

Changed Items:

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v4).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v3).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v2).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

We have added a new document that illustrates the development of actuarial value and discussed the requested information.

Related Objection 2

Applies To:

- Actuarial Memorandum (Supporting Document)

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

*Comments: You provided a certification that the AV levels comply with the Low and High levels, and noted the process used to develop AVs as follows:
 "Pediatric benefits were designed to achieve the required 70% and 85% actuarial values (AVs) for the pediatric population only. The actuarial value was calculated as the ratio of the estimated claims cost paid by the plan PMPM divided by the allowed claims PMPM, for services performed in-network only. A separate actuarial value certification has been submitted with this filing."*

Please indicate the data source and tool / method used to perform this analysis, provide detail of the AV calculation for the On Exchange Child Plan Mesa (Low) and Child Plan Summit (High).

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Justification of Actuarial Value
Comments:	
Attachment(s):	Description of the Actuarial Value Calculation - Small Group.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

*Sincerely,
 David Sigley*

SERFF Tracking #:	DDCO-129076989	State Tracking #:	279005	Company Tracking #:	
State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	PPACA Small Group Dental				
Project Name/Number:	/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/16/2013
Submitted Date	07/16/2013

Dear Cathy Gilliland,

Introduction:

Please see comments below.

Response 1

Comments:

We have provided rate sheets specific to the Exchange plans. Rates for these plans do not vary by geography, so geographic factors do not apply. A single set of age factors cannot be applied due to the substantially different benefits between adults and children. The difference between child and adult rates also encompass the value of benefit differences, which vary by plan.

Note that standalone dental benefits are an excepted benefit and not subject to the same rate requirements as medical plans.

Clarifying language has been added to indicate child rates include ages 0 - 20.

Related Objection 1

Comments: Please provide a rate manual for exchange plans only. The current manual does not conform to the rating rules in the rate data template and do not match. Provide a base rate and an age and geographic factor, along with any other factors that may be applicable. Clarify that the on the exchange plans for pediatric dental have the same rates for 0-20 year olds, due to Exchange system requirements the rates must be guaranteed rates and not estimated rates.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Sheets - Exchange Plans	005, 007, 009, 011	New		Individual Rates - Exchange Plans.pdf,	07/16/2013 By: David Sigley

Response 2

Comments:

No form filing has been filed for the old plans. We have followed Regulation 4-2-27 to prepare the modifications to the existing plans. If there is a form filing requirement associated with those plans, please indicate what is required.

Related Objection 2

Comments: Please provide the Serff tracking number of the form filing that has the benefit modifications to the old plans.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

David Sigley

SERFF Tracking #:	DDCO-129076989	State Tracking #:	279005	Company Tracking #:	
<hr/>					
State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	PPACA Small Group Dental				
Project Name/Number:	/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/15/2013
Submitted Date	07/15/2013

Dear Cathy Gilliland,

Introduction:

Please see comments below. As we reviewed the calculations for the loss ratio projection, I uncovered an error in how we were segmenting costs by group size. This resulted in a change to the projected premiums. I have created a post-submission update to ensure that the Rate/Rule Schedule information is consistent with the memorandum.

Response 1

Comments:

The requested information has been included in the revised memorandum.

Related Objection 1

Applies To:

- Actuarial Memorandum (Supporting Document)

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Comments: Regulation 4-2-11 section 6 (L) Trend: This section must describe the trend assumptions used in pricing. These assumptions must each be separately discussed, adequately supported, and also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported.

1. Up to the four most recent years of monthly experience used to evaluate historical trends should be provided if available. This experience may be data for the plan being rated, or may include data from other Colorado or National business for similar lines of business, product designs, or benefit configurations.
2. The loss data for a health benefit plan or an applicable plan that pays on an expense basis must be on an incurred basis with pharmacy data shown separately from medical data, and showing separately the accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and incurred but not reported (IBNR) reserves) as of the valuation date. The plan should indicate the number of paid claim months of run out used beyond the end of the incurred claims period.
3. The claims experience for a health benefit plan or an applicable plan that pays on an expense basis should include the following separate data elements for each month: actual medical (non-pharmacy) paid on incurred claims, total medical incurred claims including estimated IBNR claims, actual pharmacy paid on incurred claims, total pharmacy incurred claims including estimated IBNR claims, average covered lives for medical, and average covered lives for pharmacy.
4. The health benefit plan or an applicable plan that pays on an expense basis should also show these data elements aggregated by 12-month annual periods, with yearly per member per months (pmpms) and year over year pmpm trends separately for medical and pharmacy. The plan should also show the annual experience pmpms and trends normalized for changes in demographics, benefit changes, and other factors impacting the true underlying trends.
5. The trend assumptions by major service category shall be, if practical, separately quantified into two categories, medical and insurance, as defined below:
 - a. Medical trend is the combined effect of medical provider price increases, utilization changes, medical cost shifting, and new medical procedures and technology.
 - b. Insurance trend is the combined effect of underwriting wearoff, deductible leveraging, and antiselection resulting from rate increases and discontinuance of new sales. Note: medical trend must be determined or assumed before insurance trend can be determined. Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products.

Changed Items:

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v3).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v2).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The requested information has been included in the revised memorandum.

Related Objection 2

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (P) Please provide the support on how the projections were calculated: Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved.

Changed Items:

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v3).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v2).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you. We look forward to talking with you on Thursday.

Sincerely,
David Sigley

State: Colorado **Filing Company:** Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/24/2013
Submitted Date	06/24/2013

Dear Cathy Gilliland,

Introduction:

Thank you for your comments

Response 1

Comments:

I have completed a post-submission update and changed the requested mode to Review & Approval. As this is a dental filing with less than a 5% increase, this would normally be File & Use. However, this filing includes new plans and rate adjustments to one existing plan. While the changes to the new plan are rate-neutral, there are still certain individuals who could see more than a 5% increase.

Related Objection 1

Comments: Please provide requested filing mode on the general information tab.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you do not agree with our assessment of the appropriate filing mode or if you have any additional questions. Thank you.

Sincerely,

David Sigley

SERFF Tracking #:	DDCO-129076989	State Tracking #:	279005	Company Tracking #:	
<hr/>					
State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	PPACA Small Group Dental				
Project Name/Number:	/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/28/2013
Submitted Date	06/28/2013

Dear Cathy Gilliland,

Introduction:

Thank you for your response. Please see our response to your objections below.

Response 1

Comments:

In all of our past filings (both rate and form), we have not submitted form numbers as this is not indicated as a required field in SERFF. As such, we have form names but not numbers. We certainly intend to comply with the DOI requirements. However, we obviously cannot provide numbers we do not have. In talking with my colleagues, we are not clear on whether we may assign any numbers we wish, whether there are certain requirements, or whether the numbers are assigned by the Division.

In order to provide numbers, we will first have to generate those numbers and would require guidance from the Division. Please let us know how to best proceed.

Related Objection 1

Comments: Please provide form #'s on the form schedule tab.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see Response 1 above, as this applies to this objection as well.

Related Objection 2

Comments: Please provide a lead form number for future filings.

Changed Items:

No Supporting Documents changed.

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

The required information is included in the revised actuarial memorandum.

Related Objection 3

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: (H) Regulation 4-2-11 (H) Retention Percentage: The actuarial memorandum must list and adequately support each specific component of the retention percentage. The support for a health benefit plan must include a comparison of the most recent levels experienced for each component as shown in the plan's financial statements, with an explanation for any variations between retention loads used and actual experience for each component.

a. If the product was not initially priced using a lifetime loss ratio standard, the retention percentage is equal to the sum of all non-claim components of the rate including investment income from unearned premium reserves, contract or policy reserves, reserves from incurred losses, and reserves from incurred but not reported losses. Each of these specific components must be expressed as a percentage of the earned premium, and should sum to the total carrier retention percentage. Each component should reflect the average assumption used in pricing. Ranges for each assumption and flat dollar amounts are not permitted. The component for profit/contingencies should reflect the target load for profit and contingencies, and not the expected results or operating margin.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v2).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group.pdf

No Form Schedule items changed.

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please note that this a dental filing and that the filed loss ratio of 71.5% is greater than the benchmark of 60%. As such, we do not believe additional justification is required.

Related Objection 4

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: (H) The Division recommended benefits ratio guidelines are as listed below. Targeted benefits ratios below these guidelines shall be actuarially justified.

Benefits Ratio Guidelines

Comprehensive Major Medical (Individual) 75%

Comprehensive Major Medical (Small Group) 80%

Comprehensive Major Medical (Large Group) 85%

Comprehensive Major Medical (Student Blanket) 80%

Specified or Dread Disease 60%

Limited Benefit Plans 60%

Disability Income 60%

Dental/Vision 60%

Stop Loss 60%

Short Term Limited Duration Health Insurance 60%

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

The required information can be found in the amended memorandum.

Related Objection 5

Applies To:

- Actuarial Memorandum (Supporting Document)

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Comments: Regulation 4-2-11 section 6 (P) Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v2).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum - Small Group.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

After seeking guidance from the Division, we were referred to Emergency Regulation 13-E-02. Per that regulation (Section 7.W.6): "The standard rating tiers and child factors applicable to the medical QHP do not apply to SADP. The dental carrier can develop a rating structure that conforms to federal and state laws."

We believe that our current rate structure (which does not vary by employee age) conforms to federal and state laws. Also, the reference above begins "if a carrier uses age to calculate rates." As our rates vary by family composition, we do not believe this applies.

Related Objection 6

Applies To:

- Actuarial Memorandum (Supporting Document)

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Comments: Please provide age rates. Regulation 4-6-7 Acceptable Case Characteristic Factor Categories - For all small employer policies carriers choosing to modify the unique index rate by the use of case characteristics must utilize one or more of the categories listed below. Carriers shall develop a rating factor for each category, which is actuarially based.

a. Age - if a carrier uses age to calculate rates, then it shall use the following 12 mandatory age categories. Rates must be based on employee age only, not employee and spouse ages.

Mandatory Age Categories

Children ages newborn through age 19 (or through age 24 if the child is a full-time student covered as a dependent), excluding emancipated minors

Emancipated minors and persons ages 20 through 24

Age 25 through 29

Age 30 through 34

Age 35 through 39

Age 40 through 44

Age 45 through 49

Age 50 through 54

Age 55 through 59

Age 60 through 64

Age 65 and older: Medicare is primary payer

Age 65 and older: Medicare is secondary payer

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please note that this file includes new products but also includes our annual rate filing for our existing plans. Although we are not changing rates, we are proposing to modify benefits (filed under separate filing) and are satisfying the requirement for an annual rate filing. The counts and premiums shown are based on these current plans.

Related Objection 7

Comments: Please remove # of policy holders, written premium on the rate rule schedule as this is a new product

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We look forward to your response. Please do not hesitate to contact me with any additional questions. Thank you.

Sincerely,

David Sigley

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/17/2013
Submitted Date	06/17/2013

Dear Cathy Gilliland,

Introduction:

I apologize for the communication. We had a slight misunderstanding about how and when to submit the binder.

Response 1

Comments:

The binder number associated with this filing is DDCO-CO14-125002806.

Related Objection 1

Comments: Please provide the binder and the binder # for this filing.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please feel free to contact me with any additional questions.

Sincerely,

David Sigley

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Note To Reviewer

Created By:

David Sigley on 07/12/2013 03:31 PM

Last Edited By:

Nichole Boggess

Submitted On:

08/01/2013 12:20 AM

Subject:

Objection Dated July 8, 2013

Comments:

Hello, Cathy,

As you requested, I'm attaching a note to document that we spoke by phone on July 12 and confirmed that we would be okay to submit our response on Monday, July 15. Thank you for your understanding in this matter.

Dave Sigley

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Note To Filer

Created By:

Cathy Gilliland on 06/17/2013 09:41 AM

Last Edited By:

Nichole Boggess

Submitted On:

08/01/2013 12:20 AM

Subject:

binder

Comments:

please provide the binder and binder # for this rate filing.

State: Colorado **Filing Company:** Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Post Submission Update Request Processed On 07/01/2013

Status: Disallowed

Created By: David Sigley

Processed By: Cathy Gilliland

Comments: new product are file and use

General Information:

Field Name	Requested Change	Prior Value
Requested Filing Mode	Review & Approval	
Market Type	Group	Group
Group Market Type	Association Employer	Employer Association

State: Colorado **Filing Company:** Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Post Submission Update Request Processed On 07/15/2013

Status: Allowed

Created By: David Sigley

Processed By: Cathy Gilliland

Comments:

General Information:

Field Name	Requested Change	Prior Value
Requested Filing Mode	File & Use	
Market Type	Group	Group
Group Market Type	Association Employer	Employer Association

State: Colorado **Filing Company:** Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Post Submission Update Request Processed On 07/18/2013

Status: Allowed

Created By: David Sigley

Processed By: Cathy Gilliland

Comments:

Company Rate Information:

Company Name:Colorado Dental Service dba Delta Dental of Colorado

Field Name	Requested Change	Prior Value
Written Premium for this Program	\$25375271	\$16209611

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule

Lead Form Number: D Contract

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Family Plan - Mesa	DDCO-02-0004	POLA	Other	No Action		
2		Family Plan - Summit	DDCO-02-0005	POLA	Other	No Action		
3		Child Plan - Summit	DDCO-02-0006	POLA	Other	No Action		
4		Child Plan - Mesa	DDCO-02-0007	POLA	Other	No Action		
5		ABP Option 1	DDCO-02-0008	POLA	Other	No Action		
6		ABP Option 2	DDCO-02-0009	POLA	Other	No Action		
7		ABP Option 3	DDCO-02-0010	POLA	Other	No Action		
8		ABP Option 4	DDCO-02-0011	POLA	Other	No Action		
9		ABP Option 5	DDCO-02-0012	POLA	Other	No Action		
10		Beta Health Plan A	DDCO-02-0013	POLA	Other	No Action		
11		Beta Health Plan B	DDCO-02-0014	POLA	Other	No Action		

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State:

Colorado

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

PPACA Small Group Dental

Project Name/Number:

/

Lead Form Number: D Contract

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
12		Beta Health Plan C	DDCO-02-0015	POLA	Other	No Action		
13		Beta Health Plan D	DDCO-02-0016	POLA	Other	No Action		
14		Beta Health Plan E	DDCO-02-0017	POLA	Other	No Action		
15		Beta Health Plan F	DDCO-02-0018	POLA	Other	No Action		
16		Beta Health Plan A Ortho	DDCO-02-0019	POLA	Other	No Action		
17		Beta Health Plan B Ortho	DDCO-02-0020	POLA	Other	No Action		
18		Beta Health Plan C Ortho	DDCO-02-0021	POLA	Other	No Action		
19		Beta Health Plan D Ortho	DDCO-02-0022	POLA	Other	No Action		
20		Beta Health Plan E Ortho	DDCO-02-0023	POLA	Other	No Action		
21		Beta Health Plan F Ortho	DDCO-02-0024	POLA	Other	No Action		
22		Patient Freedom Option 2	DDCO-02-0025	POLA	Other	No Action		
23		Patient Freedom Option 3	DDCO-02-0026	POLA	Other	No Action		

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State:

Colorado

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

PPACA Small Group Dental

Project Name/Number:

/

Lead Form Number: D Contract

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
24		Patient Freedom Option 4	DDCO-02-0027	POLA	Other	No Action		
25		Patient Freedom Option 5	DDCO-02-0028	POLA	Other	No Action		
26		Patient Freedom Option 7	DDCO-02-0029	POLA	Other	No Action		
27		Patient Freedom Option 8	DDCO-02-0030	POLA	Other	No Action		
28		Patient Freedom Option 9	DDCO-02-0031	POLA	Other	No Action		
29		Patient Freedom Option 10	DDCO-02-0032	POLA	Other	No Action		
30		Patient Freedom Option 2 Ortho	DDCO-02-0033	POLA	Other	No Action		
31		Patient Freedom Option 3 Ortho	DDCO-02-0034	POLA	Other	No Action		
32		Patient Freedom Option 4 Ortho	DDCO-02-0035	POLA	Other	No Action		
33		Patient Freedom Option 5 Ortho	DDCO-02-0036	POLA	Other	No Action		
34		Patient Freedom Option 7 Ortho	DDCO-02-0037	POLA	Other	No Action		
35		Patient Freedom Option 8 Ortho	DDCO-02-0038	POLA	Other	No Action		

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State:

Colorado

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

PPACA Small Group Dental

Project Name/Number:

/

Lead Form Number: D Contract

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
36		Patient Freedom Option 9 Ortho	DDCO-02-0039	POLA	Other	No Action		
37		Patient Freedom Option 10 Ortho	DDCO-02-0040	POLA	Other	No Action		
38		Rocky MAC 11	DDCO-02-0041	POLA	Other	No Action		
39		Rocky MAC 11 Voluntary	DDCO-02-0042	POLA	Other	No Action		
40		Rocky Premier 11	DDCO-02-0043	POLA	Other	No Action		
41		Rocky Premier 11 Voluntary	DDCO-02-0044	POLA	Other	No Action		
42		Rocky Premier 12	DDCO-02-0045	POLA	Other	No Action		
43		Rocky Premier 12 Voluntary	DDCO-02-0046	POLA	Other	No Action		
44		Rocky Premier 15	DDCO-02-0047	POLA	Other	No Action		
45		Rocky Premier 15 Voluntary	DDCO-02-0048	POLA	Other	No Action		
46		Rocky Premier 16	DDCO-02-0049	POLA	Other	No Action		
47		Rocky Premier 16 Voluntary	DDCO-02-0050	POLA	Other	No Action		

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State:

Colorado

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

PPACA Small Group Dental

Project Name/Number:

/

Lead Form Number: D Contract

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
48		Rocky Premier 6	DDCO-02-0051	POLA	Other	No Action		
49		Rocky Premier 6 Voluntary	DDCO-02-0052	POLA	Other	No Action		
50		Rocky Premier 8	DDCO-02-0053	POLA	Other	No Action		
51		Rocky Premier 8 Voluntary	DDCO-02-0054	POLA	Other	No Action		
52		Kaiser N12	DDCO-02-0055	POLA	Other	No Action		
53		Kaiser N12 Ortho	DDCO-02-0056	POLA	Other	No Action		
54		Kaiser 1851	DDCO-02-0057	POLA	Other	No Action		
55		Plan 6-C 1000	DDCO-02-0058	POLA	Other	No Action		
56		Plan 6-C 1500	DDCO-02-0059	POLA	Other	No Action		
57		Plan 6-C 2000	DDCO-02-0060	POLA	Other	No Action		
58		Plan 6-C 1000 Ortho	DDCO-02-0061	POLA	Other	No Action		
59		Plan 6-C 1500 Ortho	DDCO-02-0062	POLA	Other	No Action		

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State:

Colorado

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

PPACA Small Group Dental

Project Name/Number:

/

Lead Form Number: D Contract

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
60		Plan 6-C 2000 Ortho	DDCO-02-0063	POLA	Other	No Action		
61		Plan 2-C 1000	DDCO-02-0064	POLA	Other	No Action		
62		Plan 2-C 1500	DDCO-02-0065	POLA	Other	No Action		
63		Plan 2-C 2000	DDCO-02-0066	POLA	Other	No Action		
64		Plan 2-C 1000 Ortho	DDCO-02-0067	POLA	Other	No Action		
65		Plan 2-C 1500 Ortho	DDCO-02-0068	POLA	Other	No Action		
66		Plan 2-C 2000 Ortho	DDCO-02-0069	POLA	Other	No Action		
67		Plan 2-V 1000	DDCO-02-0070	POLA	Other	No Action		
68		Plan 2-V 1500	DDCO-02-0071	POLA	Other	No Action		
69		Plan 2-V 2000	DDCO-02-0072	POLA	Other	No Action		
70		Plan 2-V 1000 Ortho	DDCO-02-0073	POLA	Other	No Action		
71		Plan 2-V 1500 Ortho	DDCO-02-0074	POLA	Other	No Action		

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State:

Colorado

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

PPACA Small Group Dental

Project Name/Number:

/

Lead Form Number: D Contract

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
72		Plan 2-V 2000 Ortho	DDCO-02-0075	POLA	Other	No Action		
73		Plan 1-C 1000	DDCO-02-0076	POLA	Other	No Action		
74		Plan 1-C 1500	DDCO-02-0077	POLA	Other	No Action		
75		Plan 1-C 2000	DDCO-02-0078	POLA	Other	No Action		
76		Plan 1-C 1000 Ortho	DDCO-02-0079	POLA	Other	No Action		
77		Plan 1-C 1500 Ortho	DDCO-02-0080	POLA	Other	No Action		
78		Plan 1-C 2000 Ortho	DDCO-02-0081	POLA	Other	No Action		
79		Plan 2A-C 1000	DDCO-02-0082	POLA	Other	No Action		
80		Plan 2A-C 1500	DDCO-02-0083	POLA	Other	No Action		
81		Plan 2A-C 2000	DDCO-02-0084	POLA	Other	No Action		
82		Plan 2A-C 1000 Ortho	DDCO-02-0085	POLA	Other	No Action		
83		Plan 2A-C 1500 Ortho	DDCO-02-0086	POLA	Other	No Action		

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State:

Colorado

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

PPACA Small Group Dental

Project Name/Number:

/

Lead Form Number: D Contract

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
84		Plan 2A-C 2000 Ortho	DDCO-02-0087	POLA	Other	No Action		
85		Plan 3-C 1000	DDCO-02-0088	POLA	Other	No Action		
86		Plan 3-C 1500	DDCO-02-0089	POLA	Other	No Action		
87		Plan 3-C 2000	DDCO-02-0090	POLA	Other	No Action		
88		Plan 3-C 1000 Ortho	DDCO-02-0091	POLA	Other	No Action		
89		Plan 3-C 1500 Ortho	DDCO-02-0092	POLA	Other	No Action		
90		Plan 3-C 2000 Ortho	DDCO-02-0093	POLA	Other	No Action		
91		Plan 1-V 1000	DDCO-02-0094	POLA	Other	No Action		
92		Plan 1-V 1500	DDCO-02-0095	POLA	Other	No Action		
93		Plan 1-V 2000	DDCO-02-0096	POLA	Other	No Action		
94		Plan 1-V 1000 Ortho	DDCO-02-0097	POLA	Other	No Action		
95		Plan 1-V 1500 Ortho	DDCO-02-0098	POLA	Other	No Action		

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State:

Colorado

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

PPACA Small Group Dental

Project Name/Number:

/

Lead Form Number: D Contract

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
96		Plan 1-V 2000 Ortho	DDCO-02-0099	POLA	Other	No Action		
97		Plan 2A-V 1000	DDCO-02-0100	POLA	Other	No Action		
98		Plan 2A-V 1500	DDCO-02-0101	POLA	Other	No Action		
99		Plan 2A-V 2000	DDCO-02-0102	POLA	Other	No Action		
100		Plan 2A-V 1000 Ortho	DDCO-02-0103	POLA	Other	No Action		
101		Plan 2A-V 1500 Ortho	DDCO-02-0104	POLA	Other	No Action		
102		Plan 2A-V 2000 Ortho	DDCO-02-0105	POLA	Other	No Action		
103		Plan 3-V 1000	DDCO-02-0106	POLA	Other	No Action		
104		Plan 3-V 1500	DDCO-02-0107	POLA	Other	No Action		
105		Plan 3-V 2000	DDCO-02-0108	POLA	Other	No Action		
106		Plan 3-V 1000 Ortho	DDCO-02-0109	POLA	Other	No Action		
107		Plan 3-V 1500 Ortho	DDCO-02-0110	POLA	Other	No Action		

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State:

Colorado

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

PPACA Small Group Dental

Project Name/Number:

/

Lead Form Number: D Contract

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
108		Plan 3-V 2000 Ortho	DDCO-02-0111	POLA	Other	No Action		
109		Plan 4-C 1000	DDCO-02-0112	POLA	Other	No Action		
110		Plan 4-C 1500	DDCO-02-0113	POLA	Other	No Action		
111		Plan 4-C 2000	DDCO-02-0114	POLA	Other	No Action		
112		Plan 4-C 1000 Ortho	DDCO-02-0115	POLA	Other	No Action		
113		Plan 4-C 1500 Ortho	DDCO-02-0116	POLA	Other	No Action		
114		Plan 4-C 2000 Ortho	DDCO-02-0117	POLA	Other	No Action		
115		Plan 5-C 1000	DDCO-02-0118	POLA	Other	No Action		
116		Plan 5-C 1500	DDCO-02-0119	POLA	Other	No Action		
117		Plan 5-C 2000	DDCO-02-0120	POLA	Other	No Action		
118		Plan 5-C 1000 Ortho	DDCO-02-0121	POLA	Other	No Action		
119		Plan 5-C 1500 Ortho	DDCO-02-0122	POLA	Other	No Action		

State: Colorado Filing Company: Colorado Dental Service dba Delta Dental of Colorado
 TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
 Product Name: PPACA Small Group Dental
 Project Name/Number: /

Lead Form Number: D Contract								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
120		Plan 5-C 2000 Ortho	DDCO-02-0123	POLA	Other	No Action		
121		Plan 4-V 1000	DDCO-02-0124	POLA	Other	No Action		
122		Plan 4-V 1500	DDCO-02-0125	POLA	Other	No Action		
123		Plan 4-V 2000	DDCO-02-0126	POLA	Other	No Action		
124		Plan 4-V 1000 Ortho	DDCO-02-0127	POLA	Other	No Action		
125		Plan 4-V 1500 Ortho	DDCO-02-0128	POLA	Other	No Action		
126		Plan 4-V 2000 Ortho	DDCO-02-0129	POLA	Other	No Action		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages
-------------	--	------------	----------------

SERFF Tracking #:	DDCO-129076989	State Tracking #:	279005	Company Tracking #:	
State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	PPACA Small Group Dental				
Project Name/Number:	/				

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Colorado Dental Service dba Delta Dental of Colorado	0.000%	0.000%	\$0	69,674	\$25,375,271	33.500%	-25.500%

SERFF Tracking #:	DDCO-129076989	State Tracking #:	279005	Company Tracking #:	
State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	PPACA Small Group Dental				
Project Name/Number:	/				

Rate/Rule Schedule

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
----------	----------------------	---------------	---	-------------	-------------------------	-------------

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State:

Colorado

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

PPACA Small Group Dental

Project Name/Number:

/

1		Rate Sheets/Manual	DDCO-02-0008, DDCO-02-0009, DDCO-02-0010, DDCO-02-0011, DDCO-02-0012, DDCO-02-0013, DDCO-02-0014, DDCO-02-0015, DDCO-02-0016, DDCO-02-0017, DDCO-02-0018, DDCO-02-0019, DDCO-02-0020, DDCO-02-0021, DDCO-02-0022, DDCO-02-0023, DDCO-02-0024, DDCO-02-0025, DDCO-02-0026, DDCO-02-0027, DDCO-02-0028, DDCO-02-0029, DDCO-02-0030, DDCO-02-0031, DDCO-02-0032, DDCO-02-0033, DDCO-02-0034, DDCO-02-0035, DDCO-02-0036, DDCO-02-0037, DDCO-02-0038, DDCO-02-0039, DDCO-02-0040, DDCO-02-0041, DDCO-02-0042, DDCO-02-0043, DDCO-02-0044, DDCO-02-0045, DDCO-02-0046, DDCO-02-0047, DDCO-02-0048, DDCO-02-0049, DDCO-02-0050, DDCO-02-0051, DDCO-02-0052, DDCO-02-0053, DDCO-02-0054, DDCO-02-0055, DDCO-02-0056, DDCO-02-0057, DDCO-02-0058, DDCO-02-	Revised	Previous State Filing Number: DDCO-128744691 Percent Rate Change Request: 1.4	Small Group Rates - Modified Plans.pdf,
---	--	--------------------	--	---------	--	--

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State:

Colorado

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

PPACA Small Group Dental

Project Name/Number:

/

0059, DDCO-02-0060, DDCO-02-0061, DDCO-02-0062, DDCO-02-0063, DDCO-02-0064, DDCO-02-0065, DDCO-02-0066, DDCO-02-0067, DDCO-02-0068, DDCO-02-0069, DDCO-02-0070, DDCO-02-0071, DDCO-02-0072, DDCO-02-0073, DDCO-02-0074, DDCO-02-0075, DDCO-02-0076, DDCO-02-0077, DDCO-02-0078, DDCO-02-0079, DDCO-02-0080, DDCO-02-0081, DDCO-02-0082, DDCO-02-0083, DDCO-02-0084, DDCO-02-0085, DDCO-02-0086, DDCO-02-0087, DDCO-02-0088, DDCO-02-0089, DDCO-02-0090, DDCO-02-0091, DDCO-02-0092, DDCO-02-0093, DDCO-02-0094, DDCO-02-0095, DDCO-02-0096, DDCO-02-0097, DDCO-02-0098, DDCO-02-0099, DDCO-02-0100, DDCO-02-0101, DDCO-02-0102, DDCO-02-0103, DDCO-02-0104, DDCO-02-0105, DDCO-02-0106, DDCO-02-0107, DDCO-02-0108, DDCO-02-0109, DDCO-02-0110, DDCO-

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Small Group Dental		
Project Name/Number:	/		

			02-0111, DDCO-02-0112, DDCO-02-0113, DDCO-02-0114, DDCO-02-0115, DDCO-02-0116, DDCO-02-0117, DDCO-02-0118, DDCO-02-0119, DDCO-02-0120, DDCO-02-0121, DDCO-02-0122, DDCO-02-0123, DDCO-02-0124, DDCO-02-0125, DDCO-02-0126, DDCO-02-0127, DDCO-02-0128, DDCO-02-0129			
2		Rate Sheets - Exchange Plans	DDCO-02-0004, DDCO-02-0005, DDCO-02-0006, DDCO-02-0007	New		Small Group Rates - Exchange Plans.pdf,

Exhibit B
Delta Dental of Colorado
Small Group Direct Plans

Monthly Premium = (A) x (B) x (C) x (D)

(A) Base Rates

Plan ID	Plan Name	EE Only	EE + SP	EE + CH	EE + FAM
28052CO0070001	Small Group Plan 1-C 1000	\$29.40	\$55.73	\$57.73	\$94.62
28052CO0070004	Small Group Plan 1-C 1000 Ortho	\$29.40	\$55.73	\$65.23	\$104.26
28052CO0070002	Small Group Plan 1-C 1500	\$31.59	\$59.86	\$60.69	\$99.85
28052CO0070005	Small Group Plan 1-C 1500 Ortho	\$31.59	\$59.86	\$68.19	\$109.49
28052CO0070003	Small Group Plan 1-C 2000	\$32.21	\$61.06	\$61.42	\$101.16
28052CO0070006	Small Group Plan 1-C 2000 Ortho	\$32.21	\$61.06	\$68.92	\$110.80
28052CO0070019	Small Group Plan 1-V 1000	\$25.45	\$48.25	\$49.97	\$81.91
28052CO0070022	Small Group Plan 1-V 1000 Ortho	\$25.45	\$48.25	\$57.47	\$91.56
28052CO0070020	Small Group Plan 1-V 1500	\$27.34	\$51.81	\$52.53	\$86.40
28052CO0070023	Small Group Plan 1-V 1500 Ortho	\$27.34	\$51.81	\$60.03	\$96.04
28052CO0070021	Small Group Plan 1-V 2000	\$27.87	\$52.87	\$53.15	\$87.54
28052CO0070024	Small Group Plan 1-V 2000 Ortho	\$27.87	\$52.84	\$60.65	\$97.18
28052CO0070007	Small Group Plan 2A-C 1000	\$33.23	\$62.98	\$65.23	\$106.93
28052CO0070010	Small Group Plan 2A-C 1000 Ortho	\$33.23	\$62.98	\$73.65	\$117.75
28052CO0070008	Small Group Plan 2A-C 1500	\$35.69	\$67.65	\$68.59	\$112.83
28052CO0070011	Small Group Plan 2A-C 1500 Ortho	\$35.69	\$67.65	\$77.02	\$123.67
28052CO0070009	Small Group Plan 2A-C 2000	\$36.39	\$69.00	\$69.40	\$114.32
28052CO0070012	Small Group Plan 2A-C 2000 Ortho	\$36.39	\$69.00	\$77.84	\$125.16
28052CO0070025	Small Group Plan 2A-V 1000	\$28.76	\$54.51	\$56.46	\$92.56
28052CO0070028	Small Group Plan 2A-V 1000 Ortho	\$28.76	\$54.51	\$64.69	\$103.14
28052CO0070026	Small Group Plan 2A-V 1500	\$30.88	\$58.55	\$59.37	\$97.64
28052CO0070029	Small Group Plan 2A-V 1500 Ortho	\$30.88	\$58.55	\$67.60	\$108.23
28052CO0070027	Small Group Plan 2A-V 2000	\$31.50	\$59.71	\$60.06	\$98.93
28052CO0070030	Small Group Plan 2A-V 2000 Ortho	\$31.50	\$59.71	\$68.30	\$109.52
28052CO0060007	Small Group Plan 2-C 1000	\$30.72	\$58.31	\$60.26	\$98.29
28052CO0060010	Small Group Plan 2-C 1000 Ortho	\$30.72	\$58.31	\$67.75	\$107.93
28052CO0060008	Small Group Plan 2-C 1500	\$33.00	\$62.63	\$63.35	\$103.74
28052CO0060011	Small Group Plan 2-C 1500 Ortho	\$33.00	\$62.63	\$70.85	\$113.38
28052CO0060009	Small Group Plan 2-C 2000	\$33.66	\$63.89	\$64.11	\$105.12
28052CO0060012	Small Group Plan 2-C 2000 Ortho	\$33.66	\$63.89	\$71.61	\$114.76
28052CO0060013	Small Group Plan 2-V 1000	\$26.59	\$50.47	\$52.16	\$85.09
28052CO0060016	Small Group Plan 2-V 1000 Ortho	\$26.59	\$50.47	\$59.66	\$94.73
28052CO0060014	Small Group Plan 2-V 1500	\$28.56	\$54.20	\$54.82	\$89.78
28052CO0060017	Small Group Plan 2-V 1500 Ortho	\$28.56	\$54.20	\$62.32	\$99.42
28052CO0060015	Small Group Plan 2-V 2000	\$29.13	\$55.28	\$55.48	\$90.97
28052CO0060018	Small Group Plan 2-V 2000 Ortho	\$29.13	\$55.28	\$62.98	\$100.61
28052CO0070013	Small Group Plan 3-C 1000	\$37.06	\$69.01	\$75.50	\$121.98
28052CO0070016	Small Group Plan 3-C 1000 Ortho	\$37.06	\$69.01	\$83.00	\$131.62
28052CO0070014	Small Group Plan 3-C 1500	\$39.82	\$74.71	\$79.32	\$129.17
28052CO0070017	Small Group Plan 3-C 1500 Ortho	\$39.82	\$74.71	\$86.82	\$138.81
28052CO0070015	Small Group Plan 3-C 2000	\$40.61	\$76.33	\$80.24	\$130.98
28052CO0070018	Small Group Plan 3-C 2000 Ortho	\$40.61	\$76.33	\$87.74	\$140.62
28052CO0070031	Small Group Plan 3-V 1000	\$29.38	\$54.71	\$59.85	\$96.70
28052CO0070034	Small Group Plan 3-V 1000 Ortho	\$29.38	\$54.71	\$67.35	\$106.34
28052CO0070032	Small Group Plan 3-V 1500	\$31.56	\$59.21	\$62.87	\$102.36
28052CO0070035	Small Group Plan 3-V 1500 Ortho	\$31.56	\$59.21	\$70.37	\$112.00
28052CO0070033	Small Group Plan 3-V 2000	\$32.18	\$60.49	\$63.59	\$103.79
28052CO0070036	Small Group Plan 3-V 2000 Ortho	\$32.18	\$60.49	\$71.08	\$113.43
28052CO0080001	Small Group Plan 4-C 1000	\$40.19	\$74.62	\$83.31	\$133.79
28052CO0080004	Small Group Plan 4-C 1000 Ortho	\$40.19	\$74.62	\$90.81	\$143.43
28052CO0080002	Small Group Plan 4-C 1500	\$43.17	\$80.79	\$87.51	\$141.63
28052CO0080005	Small Group Plan 4-C 1500 Ortho	\$43.17	\$80.79	\$95.00	\$151.27
28052CO0080003	Small Group Plan 4-C 2000	\$44.04	\$82.57	\$88.50	\$143.61
28052CO0080006	Small Group Plan 4-C 2000 Ortho	\$44.04	\$82.57	\$96.00	\$153.25
28052CO0080013	Small Group Plan 4-V 1000	\$31.87	\$59.15	\$66.04	\$106.06

Adjustment Factors

(B)

Region	Rating Factor
Region 1	1.00
Region 2	0.94
Region 3	0.81

(C)

Group Size	Rating Factor
1-4	1.21
5-50	1.00

Delta Dental of Colorado
Small Group Direct Plans

Plan ID	Plan Name	EE Only	EE + SP	EE + CH	EE + FAM
28052CO0080016	Small Group Plan 4-V 1000 Ortho	\$31.87	\$59.15	\$73.54	\$115.70
28052CO0080014	Small Group Plan 4-V 1500	\$34.21	\$64.03	\$69.35	\$112.24
28052CO0080017	Small Group Plan 4-V 1500 Ortho	\$34.21	\$64.03	\$76.85	\$121.88
28052CO0080015	Small Group Plan 4-V 2000	\$34.90	\$65.43	\$70.13	\$113.80
28052CO0080018	Small Group Plan 4-V 2000 Ortho	\$34.90	\$65.43	\$77.63	\$123.45
28052CO0080007	Small Group Plan 5-C 1000	\$41.44	\$77.05	\$85.35	\$137.39
28052CO0080010	Small Group Plan 5-C 1000 Ortho	\$41.44	\$77.05	\$92.85	\$147.03
28052CO0080008	Small Group Plan 5-C 1500	\$44.52	\$83.41	\$89.66	\$145.45
28052CO0080011	Small Group Plan 5-C 1500 Ortho	\$44.52	\$83.41	\$97.16	\$155.09
28052CO0080009	Small Group Plan 5-C 2000	\$45.41	\$85.24	\$90.70	\$147.48
28052CO0080012	Small Group Plan 5-C 2000 Ortho	\$45.41	\$85.24	\$98.20	\$157.12
28052CO0060001	Small Group Plan 6-C 1000	\$36.10	\$66.65	\$74.82	\$119.93
28052CO0060004	Small Group Plan 6-C 1000 Ortho	\$36.10	\$66.65	\$82.32	\$129.57
28052CO0060002	Small Group Plan 6-C 1500	\$38.78	\$72.38	\$78.59	\$127.17
28052CO0060005	Small Group Plan 6-C 1500 Ortho	\$38.78	\$72.38	\$86.09	\$136.81
28052CO0060003	Small Group Plan 6-C 2000	\$39.56	\$74.02	\$79.50	\$128.98
28052CO0060006	Small Group Plan 6-C 2000 Ortho	\$39.56	\$74.02	\$87.00	\$138.62

Exhibit B
Delta Dental of Colorado
Small Group Direct Plans

(D) NAICS Code

Minimum Code	Maximum Code	Description	Contrib Factor	Vol Factor
111110	213115	Agriculture, Forestry, Fishing and Hunting	0.87	0.85
221111	221330	Utilities	0.95	0.91
236115	238990	Construction	0.89	1.07
311111	327999	Manufacturing	0.81	0.98
332111	339999	Manufacturing	0.97	0.98
423110	425110	Wholesale Trade	0.89	0.98
441110	441320	Retail Trade	0.95	0.98
442110	454390	Retail Trade	1.00	0.98
481219	493190	Transportation and Warehousing	0.85	0.98
511110	519190	Information	1.09	0.98
522110	523999	Finance and Insurance	1.07	1.01
524113	525990	Finance and Insurance	1.09	1.07
531110	533110	Real Estate and Rental and Leasing	0.82	1.07
541110	541990	Professional, Scientific, and Technical Services	1.14	1.10
561110	561990	Administrative and Support and Waste Management and Remediation Services	1.05	1.07
611110	611710	Educational Services	1.12	1.20
621111	621512	Health Care and Social Assistance	1.07	1.07
622110	622310	Health Care and Social Assistance	1.05	0.94
623110	624410	Health Care and Social Assistance	0.98	0.94
711190	722410	Arts, Entertainment, and Recreation	0.96	1.07
811111	813990	Other Services (except Public Administration)	0.79	0.98
921110	927110	Public Administration	1.06	1.10

Exhibit B
Delta Dental of Colorado
Small Group Rating Pools
Monthly Premiums

Three-Tier Plans

Plan ID	Plan Name	EE Only	EE + 1	EE + 2
28052CO0030001	ABP Voluntary Plan Option 1	\$35.82	\$66.29	\$115.01
28052CO0030002	ABP Voluntary Plan Option 2	\$30.74	\$56.91	\$97.81
28052CO0030003	ABP Voluntary Plan Option 3	\$35.82	\$67.07	\$124.41
28052CO0030004	ABP Voluntary Plan Option 4	\$30.74	\$57.66	\$106.75
28052CO0030005	ABP Voluntary Plan Option 5	\$22.16	\$49.12	\$79.61

Four-Tier Plans

Plan ID	Plan Name	EE Only	EE + SP	EE + CH	EE + FAM
28052CO0030006	Beta Health Plan A	\$30.98	\$59.48	\$63.18	\$101.60
28052CO0030012	Beta Health Plan A Ortho	\$30.98	\$59.48	\$69.36	\$107.78
28052CO0030007	Beta Health Plan B	\$34.86	\$66.00	\$70.98	\$114.56
28052CO0030013	Beta Health Plan B Ortho	\$34.86	\$66.00	\$77.20	\$120.80
28052CO0030008	Beta Health Plan C	\$37.00	\$70.06	\$75.34	\$121.60
28052CO0030014	Beta Health Plan C Ortho	\$37.00	\$70.06	\$81.96	\$128.24
28052CO0030009	Beta Health Plan D	\$33.66	\$63.72	\$68.52	\$110.60
28052CO0030015	Beta Health Plan D Ortho	\$33.66	\$63.72	\$74.52	\$116.62
28052CO0030010	Beta Health Plan E	\$37.00	\$70.06	\$75.34	\$121.60
28052CO0030016	Beta Health Plan E Ortho	\$37.00	\$70.06	\$81.96	\$128.24
28052CO0030011	Beta Health Plan F	\$33.66	\$63.72	\$68.52	\$110.60
28052CO0030017	Beta Health Plan F Ortho	\$33.66	\$63.72	\$74.52	\$116.62
28052CO0050022	Kaiser Plan 1851	\$17.94	\$38.34	\$38.96	\$59.31
28052CO0050020	Kaiser Plan N12	\$30.08	\$64.30	\$65.33	\$99.46
28052CO0050021	Kaiser Plan N12 Ortho	\$30.08	\$64.30	\$72.33	\$108.46
28052CO0040001	Patient Freedom Option 2	\$32.20	\$61.84	\$65.70	\$106.92
28052CO0040009	Patient Freedom Option 2 Ortho	\$32.20	\$61.84	\$72.14	\$113.36
28052CO0040002	Patient Freedom Option 3	\$36.42	\$68.94	\$74.16	\$119.68
28052CO0040010	Patient Freedom Option 3 Ortho	\$36.42	\$68.94	\$80.66	\$126.18
28052CO0040003	Patient Freedom Option 4	\$32.20	\$61.84	\$65.70	\$106.92
28052CO0040011	Patient Freedom Option 4 Ortho	\$32.20	\$61.84	\$72.14	\$113.36
28052CO0040004	Patient Freedom Option 5	\$36.42	\$68.94	\$74.16	\$119.68
28052CO0040012	Patient Freedom Option 5 Ortho	\$36.42	\$68.94	\$80.66	\$126.18
28052CO0040005	Patient Freedom Option 7	\$32.20	\$61.84	\$65.70	\$106.92
28052CO0040013	Patient Freedom Option 7 Ortho	\$32.20	\$61.84	\$72.14	\$113.36
28052CO0040006	Patient Freedom Option 8	\$36.42	\$68.94	\$74.16	\$119.68
28052CO0040014	Patient Freedom Option 8 Ortho	\$36.42	\$68.94	\$80.66	\$126.18
28052CO0040007	Patient Freedom Option 9	\$32.20	\$61.84	\$65.70	\$106.92
28052CO0040015	Patient Freedom Option 9 Ortho	\$32.20	\$61.84	\$72.14	\$113.36
28052CO0040008	Patient Freedom Option 10	\$36.42	\$68.94	\$74.16	\$119.68
28052CO0040016	Patient Freedom Option 10 Ortho	\$36.42	\$68.94	\$80.66	\$126.18
28052CO0050001	Rocky Mountain PPO Option 11*	\$29.09	\$57.93	\$59.20	\$88.93
28052CO0050002	Rocky Mountain PPO Option 11 Voluntary*	\$29.09	\$57.93	\$59.20	\$88.93
28052CO0050011	Rocky Mountain Premier Option 6*	\$37.20	\$74.13	\$75.78	\$113.81

Delta Dental of Colorado

Small Group Rating Pools

Monthly Premiums

Plan ID	Plan Name	EE Only	EE + SP	EE + CH	EE + FAM
28052CO0050012	Rocky Mountain Premier Option 6 Voluntary*	\$37.20	\$74.13	\$75.78	\$113.81
28052CO0050013	Rocky Mountain Premier Option 8*	\$37.20	\$74.13	\$82.42	\$122.68
28052CO0050014	Rocky Mountain Premier Option 8 Voluntary*	\$37.20	\$74.13	\$82.42	\$122.68
28052CO0050003	Rocky Mountain Premier Option 11*	\$39.69	\$79.07	\$80.82	\$121.40
28052CO0050004	Rocky Mountain Premier Option 11 Voluntary*	\$39.69	\$79.07	\$80.82	\$121.40
28052CO0050005	Rocky Mountain Premier Option 12*	\$40.39	\$80.48	\$82.26	\$123.56
28052CO0050006	Rocky Mountain Premier Option 12 Voluntary*	\$40.39	\$80.48	\$82.26	\$123.56
28052CO0050007	Rocky Mountain Premier Option 15*	\$39.69	\$79.07	\$87.47	\$130.25
28052CO0050008	Rocky Mountain Premier Option 15 Voluntary*	\$39.69	\$79.07	\$87.47	\$130.25
28052CO0050009	Rocky Mountain Premier Option 16*	\$40.39	\$80.48	\$88.91	\$132.44
28052CO0050010	Rocky Mountain Premier Option 16 Voluntary*	\$40.39	\$80.48	\$88.91	\$132.44

* 4-Tier rates only available to grandfathered plans

Per Member Rates (Up to 3 Children)

Plan ID	Plan Name	Adult	Under 19
28052CO0050001	Rocky Mountain PPO Option 11**	\$29.02	\$15.70
28052CO0050002	Rocky Mountain PPO Option 11 Voluntary**	\$29.02	\$15.70
28052CO0050011	Rocky Mountain Premier Option 6**	\$37.13	\$20.09
28052CO0050012	Rocky Mountain Premier Option 6 Voluntary**	\$37.13	\$20.09
28052CO0050013	Rocky Mountain Premier Option 8**	\$37.13	\$24.29
28052CO0050014	Rocky Mountain Premier Option 8 Voluntary**	\$37.13	\$24.29
28052CO0050003	Rocky Mountain Premier Option 11**	\$39.61	\$21.43
28052CO0050004	Rocky Mountain Premier Option 11 Voluntary**	\$39.61	\$21.43
28052CO0050005	Rocky Mountain Premier Option 12**	\$40.31	\$21.81
28052CO0050006	Rocky Mountain Premier Option 12 Voluntary**	\$40.31	\$21.81
28052CO0050007	Rocky Mountain Premier Option 15**	\$39.61	\$25.63
28052CO0050008	Rocky Mountain Premier Option 15 Voluntary**	\$39.61	\$25.63
28052CO0050009	Rocky Mountain Premier Option 16**	\$40.31	\$26.01
28052CO0050010	Rocky Mountain Premier Option 16 Voluntary**	\$40.31	\$26.01

** New business to be rated per member

Table of Benefits and Rates - New Delta Dental of Colorado Small Group Offerings

Effective 1/1/2014

Benefit Design		Small Group Child Plan - Mesa	Small Group Child Plan - Summit	Small Group Family Plan - Summit	Small Group Family Plan - Mesa
HIOS Plan ID		28052CO0010001	28052CO0010002	28052CO0010004	28052CO0010003
High or Low Pediatric		Low	High	High	High
New Plan or Mod?		New	New	New	New
Contrib/Voluntary?		Voluntary	Voluntary	Voluntary	Voluntary
Line of Business		Small Group	Small Group	Small Group	Small Group
On/Off Exchange		Both	Both	SHOP	SHOP
Network		PPO Only	PPO Only	PPO Only	PPO Only
Plan Type		EPO	EPO	EPO	EPO
Deductible		\$50	\$50	\$50	\$50
Apply ded to		Basic/Major	Basic/Major	Basic/Major	Basic
OOP Max		\$700	\$700	\$700	\$700
Annual Max		N/A	N/A	\$2,000	\$1,000
Class I		80%	100%	100%	100%
Class II		60%	80%	80%	60%
Class III		50%	50%	50%	0%
Ortho Offered?		No	No	No	No
Surgery/Endo/Perio		Major	Major	Major	Major
Waiting Pd (Adult)					
	Basic	N/A	N/A	12 Month	6 Month
	Major	N/A	N/A	12 Month	N/A
Waiting Pd (Pediatric)					
	Basic	None	None	None	None
	Major	12 Month	12 Month	12 Month	12 Month
	Pediatric	N/A	N/A	No Change	100%/60%/60%

Pediatric		Small Group Child Plan - Mesa	Small Group Child Plan - Summit	Small Group Family Plan - Summit	Small Group Family Plan - Mesa
Deductible		\$50	\$50	\$50	\$50
Apply ded to		Basic/Major	Basic/Major	Basic/Major	Basic
OOP Max		\$700	\$700	\$700	\$700
Class I		80%	100%	100%	100%
Class II		60%	80%	80%	60%
Class III		50%	50%	50%	60%*

*Added to meet EHB requirements

Price					
	Per child (0 - 20)	\$20.75	\$23.75	\$23.75	\$22.75
	Per adult (21 and older)	N/A	N/A	\$30.75	\$15.50

SERFF Tracking #:	DDCO-129076989	State Tracking #:	279005	Company Tracking #:	
State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	PPACA Small Group Dental				
Project Name/Number:	/				

Supporting Document Schedules

Satisfied - Item:	HR-1 Form (H)
Comments:	
Attachment(s):	HR-1Smgrp.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Small Group (v6).pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	Small Group Certification.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Justification of Actuarial Value
Comments:	
Attachment(s):	Description of the Actuarial Value Calculation - Small Group.pdf
Item Status:	
Status Date:	

State Of Colorado
Health Rate Filing Form
Form HR-1

Reset Form

Must Be Completed For All Products		SERFF FILING #
1. Company: Delta Dental of Colorado		
2. Person Responsible For Filing: David Sigley	3. Title: Director of Analytics	
4. Address Of Responsible Person: 4582 South Ulster S	5. Telephone #: (303) 889-8661 ext.	
6. Email Address: dsigley@ddpco.com		
7. Type Of Coverage: PPO Other :		
8. Medicare Supplement: N/A Not Applicable <input type="checkbox"/>		
(1) Prestandardized Plan(s): (2) Standardized Plan(s): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> JHD <input type="checkbox"/> K <input type="checkbox"/> L (3) 2010 Plans: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N		
9. Sub Category: Select One		
10. A. Group Information: Select One Select One Select One Select One B. Name of association or trust (<i>if applicable</i>): C. Description of discretionary group(<i>if applicable</i>):		
11. Colorado State Code(s): 701 Small Group Select One <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Select One Select One Select One </div>		
12. Brief Filing Description (Disability, Major Medical, LTC, Etc. Also Describe All Methodology Changes.): <p style="text-align: center; color: red;">Small group dental insurance new product offering</p>		
13. Reason For Filing: Increase In Benefits? Reduction In Benefits? Increase in Profits? Change Needed To Meet Projected Losses? Trend Only? Change In Rating Methodology? New Product (Initial Offering As Opposed To Rate Revision)? Other? (If other, please explain)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes </div> <div style="width: 45%;"> <input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No </div> </div>	
14. Policy Form(s) Affected: Smgrp 2014, A Contract, B Contract, C Contract, D Contract, Volur		

15. If Rider Or Endorsement, Type Of Benefits? Implant and Orthodontic		
16. Closed Block(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date Block Closed:		
17. Number Of Colorado Covered Lives (Including Employees And Dependents): 0		
18. A. Rating Period: Annual From 1/1/2014 To 12/31/2014 B. Experience Period: From 4/1/2012 To 3/31/2013 C. Reason for Rate Change: PPACA Compliance D. Average Change In Rates From One Year Prior To Effective Date: 0.00%		<input type="checkbox"/> N/A (New Product)
19. A. Rate Change Without Trend: 0.00% B. Trend for Rating Period (if trend factor is used in rates): 0.00% C. Overall Rate Impact Change: 0.00%		
20. A. Current Underlying Annualized Trend Assumption (If Applicable): 4.00% B. Requested Underlying <i>Annualized</i> Trend Assumption (If Applicable): 4.00%		
21. A. What Is The Maximum Rate Change That Can Affect A Policyholder? 33.50% B. What Is The Minimum Rate Change That Can Affect A Policyholder? -25.50% (If the selected rate change differs from the indicated rate change, please fully detail in the actuarial memorandum in section 6K.)		
Benefits Ratios (On Colorado only basis)		
22. A. Targeted Benefits Ratio over Rating Period (assumed in calculation of rates): 71.50%		
B. Actual Benefits Ratio over Experience Period: 82.80%		<input type="checkbox"/> N/A (New Product)
23. A. Projected Benefits Ratio With Rate Change over Rating Period 71.50% B. Projected Benefits Ratio Without Rate Change over Rating Period 71.50%	<input type="checkbox"/> Colorado <input type="checkbox"/> Colorado/Nationwide <input type="checkbox"/> Nationwide Basis	<input type="checkbox"/> N/A (New Product)
(If projected benefits ratios on a Colorado only basis are not available, then ratios developed on a blended Colorado/Nationwide or Nationwide basis are acceptable. Please indicate above.)		
24. Proposed Effective Date: 01/01/2014		
25. A. Total Annual Colorado Written Premium Before Change(s): \$ 16,029,611 B. Total Annual Colorado Written Premium After Change(s): \$ 16,029,611 C. Written Premium Change For This Product (Net Change): \$ 0		<input type="checkbox"/> N/A (New Product)
26. A. Effective Date of Previous Rate Filing for this Form (including initial filing): 1/1/2013 B. Previous SERFF Filing Number(s): DDCO-128744691 C. Overall Percentage of Last Rate Change for Affected Policy Forms: 1.40%		<input type="checkbox"/> N/A (New Product)
27. Experience Provided: <input type="checkbox"/> Nationwide <input checked="" type="checkbox"/> Colorado 3-4 Years <input type="checkbox"/> other (specify)		<input type="checkbox"/> N/A (New Product)
28. Small Group Filings Only: Unique Single Index Rate (Effective For All Small Group Plans):		

**Delta Dental Plan of Colorado
Small Group Dental Plans
PPACA Dental Filing
Actuarial Memorandum
Effective 1/1/2014**

A. Summary

1. The purpose of this rate filing is to file benefit designs and rates for four new small group plans effective 1/1/2014. This filing also contains rates for Delta Dental's existing small group plan designs. Modifications to current plans have been filed under separate cover, though we are not adjusting rates in response to those changes. Plans marketed through Rocky Mountain Health Plans will be modified to charge on per member basis, rather than their current 4-tier structure. Designs and rates can be found in Exhibit B.

We will also be closing the following small group pool plans to new sales. These plans will be terminated upon renewal and enrolled members will be offered one of our open plans.

- Rocky Mountain PPO No Option
 - Rocky Mountain PPO Options 6, 7, 8, 9, 10, 12, 13, 14, 15, and 16
 - Rocky Mountain Premier No Option
 - Rocky Mountain Premier 7, 9, 10, 13, and 14,
 - Broker Pool Plan 1
 - Broker Pool Plan 2
 - CEBA PPO
 - Nonprofit Resources Mountain Plan
 - Nonprofit Resources Valley Plan
2. The total impact of the changes above will be revenue neutral and result in a 0% increase to rates.
 3. Small Group dental products will be sold directly and through the Colorado Exchange. Small Group off-Exchange products are sold either through a broker or direct through DDCO.
 4. Premium rates for new plans vary by plan and age. Premium will be charged individually for adults and children (up to a maximum of three children). Rates for the small group pools are determined at the pool level and are based on three-tier or four-tier family composition. Rates for the small group direct plans are vary by plan, geographic area, group size, industry, and family composition.
 5. Product description

This filing addresses the four types of risk products that are offered to employer groups: EPO, PPO MAC, PPO Plus Premier, and Premier.

EPO plans:

Benefits provided by a PPO dentist are paid based on the PPO dentist's allowable fee. Benefits provided by Premier or non-participating dentists are not covered.

PPO MAC plans:

Benefits paid based on the PPO dentist's allowable fee. If the patient sees a Premier dentist, he or she will be responsible for the difference between the PPO dentist's Allowable fee and the fee from the Premier Maximum Plan Allowance (MPA). If the patient sees a non-participating dentist, he or she will be responsible for the difference between the PPO dentist's Allowable fee and the full billed charge.

PPO Plus Premier plans:

PPO Dentist – Benefits paid based on the PPO dentist's allowable fee.

Premier Dentist – Benefits paid based on the Premier MPA.

Non-Participating Dentist – Benefits paid based on the non-participating MPA.

Member is responsible for the difference between the non-participating MPA and the full billed charge.

Premier plans:

Premier Dentist – Benefits paid based on the Premier MPA.

Non-Participating Dentist – Benefits paid based on the non-participating MPA.

Member is responsible for the difference between the non-participating MPA and the full billed charge.

6. Forms impact:

A Contract	Implant Rider
B Contract	Orthodontic Rider
C Contract	
D Contract	
Voluntary C contract	
Smgrp 2014	

7. Premiums for plans offered on the Exchange vary by age due to the requirement of the ACA that pediatric members have additional benefits. Members under the age of 21 will pay the pediatric premium rate; 21 and over the adult premium rate.

Premiums for most plans offered off the Exchange are sold on a three-tier (Employee, Employee + 1, Employee + 2) or four-tier (Employee, Employee + Spouse, Employee + Child(ren), Employee + Family). Certain existing plans are sold on a per member, age rated basis.

8. Renewability provision: group policies are optionally renewable.

B. Assumption, Acquisition or Merger

The products included in this rate filing were not part of an assumption, acquisition or merger of policies from/with another company.

C. Rating Period

The rates will be applied to policy effective dates between 1/1/2014 and 12/31/2014.

D. Underwriting

These products will be issued to groups who meet the small group eligibility standards. No underwriting adjustments are applied.

- E. Effect of law Changes: Pediatric benefit changes are being made in response to the Accountable Care Act. These changes have been filed under separate cover in our reasonable modification request.

F. Rate History

The table below summarizes the rate filings during the past three years for these products.

Effective Date	Explanation	Average Increase	Minimum Increase	Maximum Increase
1/1/2014	Annual Rate Filing	0.0%	-25.5%	33.5%
1/1/2013	Annual Rate Filing	1.4%	0.0%	4.0%
4/20/2012	Rate increase to meet target loss ratio	4.4%	0.0%	58.0%

The cumulative impact of rate changes is the past 12 months is an increase of 0.0%.

G. Coordination of Benefits

No separate adjustment for coordination of benefits was applied to the premium rates because dual coverage is not permitted.

H. Relationship of Benefits to Premium

The table below shows the components of the target retention, as well as a comparison to actual historical retention. Note that our financial statements are not segregated by line of business, so a separate allocation was needed to determine small group retention.

Component	Pricing Target	Actual Historical
Administration	16.25%	16.25%
Commissions	8.70%	8.70%
ACA Fees	2.50%	0.00%
Risk Margin	4.08%	3.95%
Total	31.53%	28.90%

The ACA fees are comprised of the federal insurer tax, estimated at 2.5% of premium. Given the size of our current block of business, we do not expect a substantial portion of 2014 enrollment to come from the Exchange. As such, no explicit adjustment was made to rates for the 1.4% Colorado Exchange Fee. We anticipate that the amount of these fees can easily be absorbed within the risk margin. Note that Delta Dental does not pay premium or income taxes.

I. Lifetime Loss Ratio

The rates of dental products are determined annually. As such, a lifetime loss ratio is not applicable.

J. Provision for Profit and Contingencies

3.55% of premium is included in retention for reserves and contingencies. This is based on a target retention of 2% for contributory cases (where employers pay more than 50% of premium) and 5% for voluntary (where employers pay less than 50%). Due to the more selective nature of voluntary business, we believe a higher risk margin is appropriate for these groups.

K. Complete Description as to How the Proposed Rates were Determined

The rates for all plan designs were based on actual experience incurred during the time period April 2012 through March 2013 by members enrolled in existing group products. Claims were projected

forward to 1/1/2014 at an annual trend rate of 4% and were adjusted for benefits and administrative expenses. Premiums were calculated by applying the required retention percentage of 28.5% to claims. The projected loss ratio for the rating period is 68.47%.

Pediatric benefits were designed to achieve the required 70% and 85% actuarial values (AVs) for the pediatric population only. The actuarial value was calculated as the ratio of the estimated claims cost paid by the plan PMPM divided by the allowed claims PMPM, for services performed in-network only. A separate actuarial value certification has been submitted with this filing.

The table below shows the allowed claims during the experience period for children and adults.

Member Type	Allowed Claims	Member Months	Allowed Claims (PMPM)
Adult	\$135,788,312	4,474,037	\$30.35
Pediatric	\$34,157,388	1,381,399	\$24.73
Total	\$169,945,701	5,855,436	\$29.02

For each plan, the actuarial value was calculated for both adults and children. Because the mix of services differs materially between adults and children and each class of services is covered at a different coinsurance level, the actuarial value is considerably different for each age group. For example, 67.0% of allowed claims for children are in the diagnostic/preventive category, compared to only 32.1% for adults. Because these services are covered at a higher coinsurance than basic and major services, the actuarial value for children is generally higher than for adults.

The tables below show the calculation of the Exchange plan rates. Allowed claims were trended from the experience period to 2014 at an annual rate of 4%. The individual plans reflected in the experience period contain a combination of claims from the PPO network and the Premier network. Because the new plans use the PPO network exclusively, the allowed claims were reduced by 22% to reflect the anticipated savings from the higher network discounts.

The adjusted allowed claims were then multiplied by the actuarial value (pediatric or adult) to estimate paid claims.

Pediatric	Delta Dental Child Plan - Mesa	Delta Dental Child Plan - Summit	Delta Dental Family Plan - Summit	Delta Dental Family Plan - Mesa
PMPM Allowed	\$24.73	\$24.73	\$24.73	\$24.73
Trend	1.071	1.071	1.071	1.071
Network Adjustment	0.780	0.780	0.780	0.780
Benefits	0.687	0.842	0.842	0.837
Utilization	1.00	0.93	0.93	0.90
Paid Claims	\$14.20	\$16.26	\$16.26	\$15.58
Retention	31.53%	31.53%	31.53%	31.53%
Required premium	\$20.75	\$23.75	\$23.75	\$22.75

Adult				
PMPM Allowed			\$30.35	\$30.35
Trend			1.07	1.07
Network Adjustment			0.780	0.780
Benefits			0.699	0.414
Utilization			1.19	1.01
Paid Claims	N/A	N/A	\$21.05	\$10.61
Retention			31.53%	31.53%
Required premium	N/A	N/A	\$30.75	\$15.50

The per member rates for the Rocky Mountain plans were developed based on the current enrolled population and rates. Based on the number of employees enrolled in each tier and the underlying number of members within those tiers, a composite PMPM claim amount was calculated. Based on the number of adults versus children and the expected rate differential between children and adults, the composite PMPM was split into separate child and adult PMPM rates.

Rates for the Rocky Mountain plans will be separated into Under 19 and 19 and Over. For children under 19, only the first three children will be included in the rate calculation. The underlying rates for each plan are shown in the Rates and Benefits exhibit.

L. Trend

4% underlying trend is assumed in pricing. The table below shows Delta Dental's claim experience.

Experience Period	Paid Claims	IBNR	Incurred Claims	Average covered lives	Incurred Claims (PMPM)	Annual Trend
1/1/10-12/31/10	\$95,204,049	\$0	\$95,204,049	401,211	\$19.77	
1/1/11-12/31/11	\$100,494,959	\$2,197	\$100,497,156	440,447	\$19.01	-3.8%
1/1/12-12/31/12	\$110,006,449	\$112,279	\$110,118,728	473,821	\$19.37	1.9%

The 4% projected trend is based on the following assumptions:

Unit Cost Trend: 1.50%

Utilization Trend: 2.46%

Combined Trend: 4.00%

Delta Dental uses fixed fee schedules and the unit cost increase is our best estimate for the increases to be implemented in 2014. The utilization trend is based on the anticipated change in risk characteristics due to the ACA. Note that this trend is used solely for projection purposes and setting rates for the new standalone plans as we are not increasing rates on existing plans at this time.

M. Credibility

The proposed rates are based on Colorado data from 4/1/2012 through 3/31/2013 including total 31,627 life years and 50,967 claims which meet the Colorado full credibility standard.

N. Data requirements

Below is a summary of the past three years of experience on Delta Dental's group plans.

Experience Period	Earned Premium*	Incurred Claims	Benefits Ratio	Average covered lives	Average number of policyholders
1/1/10-12/31/10	\$116,542,726	\$95,204,049	81.69%	401,211	247,429
1/1/11-12/31/11	\$126,052,199	\$100,497,156	79.73%	440,447	271,626
1/1/12-12/31/12	\$133,973,132	\$110,118,728	82.19%	473,821	300,264
1/1/13-3/31/13	\$34,336,263	\$29,001,244	84.46%	504,225	302,902
4/1/12 – 3/31/13	\$133,253,558	\$110,277,313	82.76%	487,953	300,923

O. Side-by-Side Comparison

The only rate change in this filing is the transition of the plans marketed through Rocky Mountain Health plans from 4-Tier to member-rated. A side-by-side comparison of the 4-tier rates and comparable per member rates are shown in Exhibit A.

P. Benefits Ratio Projections

The table below shows the expected impact of the benefit and rate changes. Note that we are not proposing changes to premiums at this time. However, we do expect the proposed benefit modifications to increase claims by approximately 2.0%.

	Before Changes	After Changes
Premiums	\$25,375,271	\$25,375,271
Claims	\$19,515,070	\$19,905,371
Loss Ratio	76.9%	78.4%

The tables below show the calculation of projected premium and claims.

(A) Current Premium (PMPM)	\$30.35	
(B) Current Enrollment	69,674	
(C) Total Premium (Before Changes)	\$25,375,271	(A) x (B) x 12
(D) Impact of Rate Changes	0%	
(E) Projected Premium (After Changes)	\$25,375,271	(C) x (1+(D))

(A) Claims Incurred CY 2012 (PMPM)	\$21.58	
(B) Assumed Trend	4.0%	
(C) 2012 Claims Trended to 2014 (PMPM)	\$23.34	(A) x (1 + (B))^2
(D) Current Enrollment	69,674	
(E) Projected Claims (Before Changes)	\$19,515,070	(C) x (D) x 12
(F) Expected Impact of Benefit Modifications	2.0%	
(G) Expected Claims (After Changes)	\$19,905,371	(E) x (1+(F))

Note that the projected loss ratio differs from the anticipated loss ratio of 68.47% for the new products discussed above. We anticipate that the new products will produce this target loss ratio.

Q. Other Factors

Rates are not determined using rating factors.

R. Rating manuals and underwriting guidelines

Small group products are rated using a rate table and vary only by plan design and age. No underwriting adjustments are applied.

Exhibit A
Side by Side Comparison

Current Tier	Modified Tier	Plan	Current Rate	Adjusted Rate	Rate Increase
Employee Only	Single	Rocky Mountain Premier 6	\$37.20	\$37.13	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 6	\$74.13	\$74.26	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 6	\$75.78	\$57.22	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 6	\$75.78	\$77.31	2.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 6	\$75.78	\$97.41	28.5%
Family	Couple + 1 Child	Rocky Mountain Premier 6	\$113.81	\$94.35	-17.1%
Family	Couple + 2	Rocky Mountain Premier 6	\$113.81	\$114.44	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 6	\$113.81	\$134.54	18.2%
Employee Only	Single	Rocky Mountain Premier 8	\$37.20	\$37.13	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 8	\$74.13	\$74.26	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 8	\$82.42	\$61.42	-25.5%
Employee + Child	Single + 2	Rocky Mountain Premier 8	\$82.42	\$85.70	4.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 8	\$82.42	\$109.99	33.5%
Family	Couple + 1 Child	Rocky Mountain Premier 8	\$122.68	\$98.54	-19.7%
Family	Couple + 2	Rocky Mountain Premier 8	\$122.68	\$122.83	0.1%
Family	Couple + 3 or more	Rocky Mountain Premier 8	\$122.68	\$147.12	19.9%
Employee Only	Single	Rocky Mountain Premier 11	\$39.69	\$39.61	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 11	\$79.07	\$79.22	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 11	\$80.82	\$61.04	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 11	\$80.82	\$82.48	2.1%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 11	\$80.82	\$103.91	28.6%
Family	Couple + 1 Child	Rocky Mountain Premier 11	\$121.40	\$100.65	-17.1%
Family	Couple + 2	Rocky Mountain Premier 11	\$121.40	\$122.09	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 11	\$121.40	\$143.52	18.2%
Employee Only	Single	Rocky Mountain Premier 12	\$40.39	\$40.31	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 12	\$80.48	\$80.62	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 12	\$82.26	\$62.12	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 12	\$82.26	\$83.94	2.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 12	\$82.26	\$105.75	28.6%
Family	Couple + 1 Child	Rocky Mountain Premier 12	\$123.56	\$102.44	-17.1%
Family	Couple + 2	Rocky Mountain Premier 12	\$123.56	\$124.25	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 12	\$123.56	\$146.06	18.2%
Employee Only	Single	Rocky Mountain Premier 15	\$39.69	\$39.61	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 15	\$79.07	\$79.22	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 15	\$87.47	\$65.24	-25.4%
Employee + Child	Single + 2	Rocky Mountain Premier 15	\$87.47	\$90.87	3.9%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 15	\$87.47	\$116.49	33.2%
Family	Couple + 1 Child	Rocky Mountain Premier 15	\$130.25	\$104.85	-19.5%
Family	Couple + 2	Rocky Mountain Premier 15	\$130.25	\$130.48	0.2%
Family	Couple + 3 or more	Rocky Mountain Premier 15	\$130.25	\$156.10	19.8%
Employee Only	Single	Rocky Mountain Premier 16	\$40.39	\$40.31	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 16	\$80.48	\$80.62	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 16	\$88.91	\$66.32	-25.4%
Employee + Child	Single + 2	Rocky Mountain Premier 16	\$88.91	\$92.33	3.8%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 16	\$88.91	\$118.33	33.1%
Family	Couple + 1 Child	Rocky Mountain Premier 16	\$132.44	\$106.63	-19.5%
Family	Couple + 2	Rocky Mountain Premier 16	\$132.44	\$132.64	0.2%

Current Tier	Modified Tier	Plan	Current Rate	Adjusted Rate	Rate Increase
Family	Couple + 3 or more	Rocky Mountain Premier 16	\$132.44	\$158.64	19.8%
Employee Only	Single	Rocky Mountain PPO Option 11	\$29.09	\$29.02	-0.2%
Employee + Spouse	Couple	Rocky Mountain PPO Option 11	\$57.93	\$58.04	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain PPO Option 11	\$59.20	\$44.73	-24.4%
Employee + Child	Single + 2	Rocky Mountain PPO Option 11	\$59.20	\$60.43	2.1%
Employee + Child	Single + 3 or more	Rocky Mountain PPO Option 11	\$59.20	\$76.14	28.6%
Family	Couple + 1 Child	Rocky Mountain PPO Option 11	\$88.93	\$73.75	-17.1%
Family	Couple + 2	Rocky Mountain PPO Option 11	\$88.93	\$89.45	0.6%
Family	Couple + 3 or more	Rocky Mountain PPO Option 11	\$88.93	\$105.16	18.3%

June 14, 2013

To the Insurance Division of the State of Colorado

ACTUARIAL CERTIFICATION
Delta Dental of Colorado
Small Group Dental Insurance Rate Revision
Request
RATE EFFECTIVE DATE: January 1, 2014

Identification

I, David Sigley, am an employee of Delta Dental of Colorado and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for Statements of Actuarial Opinion with respect to nonprofit hospital and health service corporations and am familiar with the specific requirements of Colorado Law regarding the rating and underwriting of health benefit plans, including dental plans.

Scope and Opinion

I certify that the methods used to develop these small group rates are actuarially sound and that the resulting rates are in compliance with Colorado insurance law §10-16-107 and Amended Regulation 4-2-11. In my opinion, the rates proposed in this filing are reasonable in relation to the level of benefits provided and the observed claim and expense experience and are not excessive, inadequate or unfairly discriminatory. This statement of opinion is solely for the use of certifying compliance with the cited statutory regulations, and is not intended for other purposes.



David M. Sigley, FSA, MAAA
Director of Analytics

Delta Dental of Colorado
4582 South Ulster Street, Suite 800
Denver, CO 80211
(303) 889-8661
dsigley@ddpco.com

Description of the Actuarial Value Calculation

The actuarial value for the proposed pediatric benefits were based on Delta Dental of Colorado's small group direct claim experience incurred January 2012 through December 2012. Because the essential health benefit component of the dental plans only impacts pediatric benefits, only claims for those under age 19 were included. This data includes a total of 96,015 member months with an allowed claim total of \$2,415,081, or \$25.15 PMPM.

Claims were grouped by procedure code and the appropriate coinsurance for each benefit was applied to the allowed totals to estimate a paid amount after coinsurance. An additional adjustment was applied for the impact of the plan deductible.

The data used is implicitly limited by the current annual plan maximums, which do not apply to the new benefits. We expect total allowed claims to increase due to the removal of these limits. Because these estimates were used to determine actuarial value, rather than for pricing, it was assumed that the percentage paid for claims above the maximums would be essentially the same as the percentage paid below the maximums. Hence, the impact on actuarial value due to these additional claims would be de minimis.

The only exception to this assumption was due to the implementation of an out-of-pocket maximum on the new plans. We expect this will result in some portion of the claims above the maximums being paid at 100% rather than the plan coinsurance. We have no claim data to support the impact of these increased payments, so an assumption of a 1% increase to paid claims was used.

Using the assumptions above, a paid claim amount was calculated for each pediatric plan design. The PMPM paid claims were then divided by the PMPM allowed claims. The resulting ratio was determined to be the actuarial value for the plan.

As requested, the table below shows the actuarial value calculation for the Child Plan – Mesa and Child Plan – Summit.

Child Plan – Mesa

Benefit	Allowed PMPM	Coinsurance	Paid PMPM
Diagnostic & Preventive	\$14.38	80%	\$11.50
Basic Services	\$5.31	60%	\$3.19
Major Services	\$5.46	50%	\$2.73
Total	\$25.15		\$17.42
Adjustment for Deductible			-1.8%
Adjustment for OOP Maximum			1.0%
Adjusted Paid			\$17.28
Actuarial Value (Adjusted Paid/Total Allowed)			68.7%

Child Plan – Summit

Benefit	Allowed PMPM	Coinsurance	Paid PMPM
Diagnostic & Preventive	\$14.38	100%	\$14.38
Basic Services	\$5.31	80%	\$4.25
Major Services	\$5.46	50%	\$2.73
Total	\$25.15		\$21.36
Adjustment for Deductible			-1.8%
Adjustment for OOP Maximum			1.0%
Adjusted Paid			\$21.19
Actuarial Value (Adjusted Paid/Total Allowed)			84.2%

SERFF Tracking #:

DDCO-129076989

State Tracking #:

279005

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Small Group Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/22/2013		Supporting Document	Actuarial Memorandum	07/29/2013	Actuarial Memorandum - Small Group (v5).pdf (Superceded)
07/17/2013		Supporting Document	Actuarial Memorandum	07/22/2013	Actuarial Memorandum - Small Group (v4).pdf (Superceded)
07/16/2013		Rate	Rate Sheets - Exchange Plans	07/22/2013	Individual Rates - Exchange Plans.pdf (Superceded)
07/15/2013		Supporting Document	Actuarial Memorandum	07/17/2013	Actuarial Memorandum - Small Group (v3).pdf (Superceded)
06/28/2013		Supporting Document	Actuarial Memorandum	07/15/2013	Actuarial Memorandum - Small Group (v2).pdf (Superceded)
06/14/2013		Supporting Document	Actuarial Memorandum	06/28/2013	Actuarial Memorandum - Small Group.pdf (Superceded)
06/14/2013		Rate	Rate Sheets/Manual	07/22/2013	Small Group Rates.pdf (Superceded)
06/14/2013		Form	A Contract	07/22/2013	
06/14/2013		Form	B Contract	07/22/2013	
06/14/2013		Form	C Contract	07/22/2013	
06/14/2013		Form	D Contract	07/22/2013	
06/14/2013		Form	Voluntary C Contract	07/22/2013	
06/14/2013		Form	SmGrp 2014	07/22/2013	
06/14/2013		Form	Implant Rider	07/22/2013	
06/14/2013		Form	Orthodontic Rider	07/22/2013	

**Delta Dental Plan of Colorado
Small Group Dental Plans
PPACA Dental Filing
Actuarial Memorandum
Effective 1/1/2014**

A. Summary

1. The purpose of this rate filing is to file benefit designs and rates for four new small group plans effective 1/1/2014. This filing also contains rates for Delta Dental's existing small group plan designs. Modifications to current plans have been filed under separate cover, though we are not adjusting rates in response to those changes. Plans marketed through Rocky Mountain Health Plans will be modified to charge on per member basis, rather than their current 4-tier structure. Designs and rates can be found in Exhibit B.

We will also be closing the following small group pool plans to new sales. These plans will be terminated upon renewal and enrolled members will be offered one of our open plans.

- Rocky Mountain PPO No Option
 - Rocky Mountain PPO Options 6, 7, 8, 9, 10, 12, 13, 14, 15, and 16
 - Rocky Mountain Premier No Option
 - Rocky Mountain Premier 7, 9, 10, 13, and 14,
 - Broker Pool Plan 1
 - Broker Pool Plan 2
 - CEBA PPO
 - Nonprofit Resources Mountain Plan
 - Nonprofit Resources Valley Plan
2. The total impact of the changes above will be revenue neutral and result in a 0% increase to rates.
 3. Small Group dental products will be sold directly and through the Colorado Exchange. Small Group off-Exchange products are sold either through a broker or direct through DDCO.
 4. Premium rates for new plans vary by plan and age. Premium will be charged individually for adults and children (up to a maximum of three children). Rates for the small group pools are determined at the pool level and are based on three-tier or four-tier family composition. Rates for the small group direct plans are vary by plan, geographic area, group size, industry, and family composition.
 5. Product description

This filing addresses the four types of risk products that are offered to employer groups: EPO, PPO MAC, PPO Plus Premier, and Premier.

EPO plans:

Benefits provided by a PPO dentist are paid based on the PPO dentist's allowable fee. Benefits provided by Premier or non-participating dentists are not covered.

PPO MAC plans:

Benefits paid based on the PPO dentist's allowable fee. If the patient sees a Premier dentist, he or she will be responsible for the difference between the PPO dentist's Allowable fee and the fee from the Premier Maximum Plan Allowance (MPA). If the patient sees a non-participating dentist, he or she will be responsible for the difference between the PPO dentist's Allowable fee and the full billed charge.

PPO Plus Premier plans:

PPO Dentist – Benefits paid based on the PPO dentist's allowable fee.

Premier Dentist – Benefits paid based on the Premier MPA.

Non-Participating Dentist – Benefits paid based on the non-participating MPA.

Member is responsible for the difference between the non-participating MPA and the full billed charge.

Premier plans:

Premier Dentist – Benefits paid based on the Premier MPA.

Non-Participating Dentist – Benefits paid based on the non-participating MPA.

Member is responsible for the difference between the non-participating MPA and the full billed charge.

6. Forms impact:

A Contract	Implant Rider
B Contract	Orthodontic Rider
C Contract	
D Contract	
Voluntary C contract	
Smgrp 2014	

7. Premiums for plans offered on the Exchange vary by age due to the requirement of the ACA that pediatric members have additional benefits. Members under the age of 21 will pay the pediatric premium rate; 21 and over the adult premium rate.

Premiums for most plans offered off the Exchange are sold on a three-tier (Employee, Employee + 1, Employee + 2) or four-tier (Employee, Employee + Spouse, Employee + Child(ren), Employee + Family). Certain existing plans are sold on a per member, age rated basis.

8. Renewability provision: group policies are optionally renewable.

B. Assumption, Acquisition or Merger

The products included in this rate filing were not part of an assumption, acquisition or merger of policies from/with another company.

C. Rating Period

The rates will be applied to policy effective dates between 1/1/2014 and 12/31/2014.

D. Underwriting

These products will be issued to groups who meet the small group eligibility standards. No underwriting adjustments are applied.

- E. Effect of law Changes: Pediatric benefit changes are being made in response to the Accountable Care Act. These changes have been filed under separate cover in our reasonable modification request.

F. Rate History

The table below summarizes the rate filings during the past three years for these products.

Effective Date	Explanation	Average Increase	Minimum Increase	Maximum Increase
1/1/2014	Annual Rate Filing	0.0%	-25.5%	33.5%
1/1/2013	Annual Rate Filing	1.4%	0.0%	4.0%
4/20/2012	Rate increase to meet target loss ratio	4.4%	0.0%	58.0%

The cumulative impact of rate changes is the past 12 months is an increase of 0.0%.

G. Coordination of Benefits

No separate adjustment for coordination of benefits was applied to the premium rates because dual coverage is not permitted.

H. Relationship of Benefits to Premium

The table below shows the components of the target retention, as well as a comparison to actual historical retention. Note that our financial statements are not segregated by line of business, so a separate allocation was needed to determine small group retention.

Component	Pricing Target	Actual Historical
Administration	16.25%	16.25%
Commissions	8.70%	8.70%
ACA Fees	3.03%	0.00%
Risk Margin	3.55%	3.95%
Total	31.53%	28.90%

The ACA fees are comprised of the federal insurer tax, estimated at 2.5% of premium and an estimated \$0.18 PMPM fee to fund Connect for Health Colorado. This fee is based on the maximum amount allowable under Colorado law. Note that Delta Dental does not pay premium or income taxes.

I. Lifetime Loss Ratio

The rates of dental products are determined annually. As such, a lifetime loss ratio is not applicable.

J. Provision for Profit and Contingencies

3.55% of premium is included in retention for reserves and contingencies. This is based on a target retention of 2% for contributory cases (where employers pay more than 50% of premium) and 5% for voluntary (where employers pay less than 50%). Due to the more selective nature of voluntary business, we believe a higher risk margin is appropriate for these groups.

K. Complete Description as to How the Proposed Rates were Determined

The rates for all plan designs were based on actual experience incurred during the time period April 2012 through March 2013 by members enrolled in existing group products. Claims were projected forward to 1/1/2014 at an annual trend rate of 4% and were adjusted for benefits and administrative

expenses. Premiums were calculated by applying the required retention percentage of 28.5% to claims. The projected loss ratio for the rating period is 68.47%.

Pediatric benefits were designed to achieve the required 70% and 85% actuarial values (AVs) for the pediatric population only. The actuarial value was calculated as the ratio of the estimated claims cost paid by the plan PMPM divided by the allowed claims PMPM, for services performed in-network only. A separate actuarial value certification has been submitted with this filing.

The table below shows the allowed claims during the experience period for children and adults.

Member Type	Allowed Claims	Member Months	Allowed Claims (PMPM)
Adult	\$135,788,312	4,474,037	\$30.35
Pediatric	\$34,157,388	1,381,399	\$24.73
Total	\$169,945,701	5,855,436	\$29.02

For each plan, the actuarial value was calculated for both adults and children. Because the mix of services differs materially between adults and children and each class of services is covered at a different coinsurance level, the actuarial value is considerably different for each age group. For example, 67.0% of allowed claims for children are in the diagnostic/preventive category, compared to only 32.1% for adults. Because these services are covered at a higher coinsurance than basic and major services, the actuarial value for children is generally higher than for adults.

The tables below show the calculation of the Exchange plan rates. Allowed claims were trended from the experience period to 2014 at an annual rate of 4%. The individual plans reflected in the experience period contain a combination of claims from the PPO network and the Premier network. Because the new plans use the PPO network exclusively, the allowed claims were reduced by 22% to reflect the anticipated savings from the higher network discounts.

The adjusted allowed claims were then multiplied by the actuarial value (pediatric or adult) to estimate paid claims.

Pediatric	Delta Dental Child Plan - Mesa	Delta Dental Child Plan - Summit	Delta Dental Family Plan - Summit	Delta Dental Family Plan - Mesa
PMPM Allowed	\$24.73	\$24.73	\$24.73	\$24.73
Trend	1.071	1.071	1.071	1.071
Network Adjustment	0.780	0.780	0.780	0.780
Benefits	0.687	0.842	0.842	0.837
Utilization	1.00	0.93	0.93	0.90
Paid Claims	\$14.20	\$16.26	\$16.26	\$15.58
Retention	31.53%	31.53%	31.53%	31.53%
Required premium	\$20.75	\$23.75	\$23.75	\$22.75

Adult				
PMPM Allowed			\$30.35	\$30.35
Trend			1.07	1.07
Network Adjustment			0.780	0.780
Benefits			0.699	0.414
Utilization			1.19	1.01
Paid Claims	N/A	N/A	\$21.05	\$10.61
Retention			31.53%	31.53%
Required premium	N/A	N/A	\$30.75	\$15.50

The per member rates for the Rocky Mountain plans were developed based on the current enrolled population and rates. Based on the number of employees enrolled in each tier and the underlying number of members within those tiers, a composite PMPM claim amount was calculated. Based on the number of adults versus children and the expected rate differential between children and adults, the composite PMPM was split into separate child and adult PMPM rates.

Rates for the Rocky Mountain plans will be separated into Under 19 and 19 and Over. For children under 19, only the first three children will be included in the rate calculation. The underlying rates for each plan are shown in the Rates and Benefits exhibit.

L. Trend

4% underlying trend is assumed in pricing. The table below shows Delta Dental's claim experience.

Experience Period	Paid Claims	IBNR	Incurred Claims	Average covered lives	Incurred Claims (PMPM)	Annual Trend
1/1/10-12/31/10	\$95,204,049	\$0	\$95,204,049	401,211	\$19.77	
1/1/11-12/31/11	\$100,494,959	\$2,197	\$100,497,156	440,447	\$19.01	-3.8%
1/1/12-12/31/12	\$110,006,449	\$112,279	\$110,118,728	473,821	\$19.37	1.9%

The 4% projected trend is based on the following assumptions:

Unit Cost Trend: 1.50%

Utilization Trend: 2.46%

Combined Trend: 4.00%

Delta Dental uses fixed fee schedules and the unit cost increase is our best estimate for the increases to be implemented in 2014. The utilization trend is based on the anticipated change in risk characteristics due to the ACA. Note that this trend is used solely for projection purposes and setting rates for the new standalone plans as we are not increasing rates on existing plans at this time.

M. Credibility

The proposed rates are based on Colorado data from 4/1/2012 through 3/31/2013 including total 31,627 life years and 50,967 claims which meet the Colorado full credibility standard.

N. Data requirements

Below is a summary of the past three years of experience on Delta Dental's group plans.

Experience Period	Earned Premium*	Incurred Claims	Benefits Ratio	Average covered lives	Average number of policyholders
1/1/10-12/31/10	\$116,542,726	\$95,204,049	81.69%	401,211	247,429
1/1/11-12/31/11	\$126,052,199	\$100,497,156	79.73%	440,447	271,626
1/1/12-12/31/12	\$133,973,132	\$110,118,728	82.19%	473,821	300,264
1/1/13-3/31/13	\$34,336,263	\$29,001,244	84.46%	504,225	302,902
4/1/12 – 3/31/13	\$133,253,558	\$110,277,313	82.76%	487,953	300,923

O. Side-by-Side Comparison

The only rate change in this filing is the transition of the plans marketed through Rocky Mountain Health plans from 4-Tier to member-rated. A side-by-side comparison of the 4-tier rates and comparable per member rates are shown in Exhibit A.

P. Benefits Ratio Projections

The table below shows the expected impact of the benefit and rate changes. Note that we are not proposing changes to premiums at this time. However, we do expect the proposed benefit modifications to increase claims by approximately 2.0%.

	Before Changes	After Changes
Premiums	\$25,375,271	\$25,375,271
Claims	\$19,515,070	\$19,905,371
Loss Ratio	76.9%	78.4%

The tables below show the calculation of projected premium and claims.

(A) Current Premium (PMPM)	\$30.35	
(B) Current Enrollment	69,674	
(C) Total Premium (Before Changes)	\$25,375,271	(A) x (B) x 12
(D) Impact of Rate Changes	0%	
(E) Projected Premium (After Changes)	\$25,375,271	(C) x (1+(D))

(A) Claims Incurred CY 2012 (PMPM)	\$21.58	
(B) Assumed Trend	4.0%	
(C) 2012 Claims Trended to 2014 (PMPM)	\$23.34	(A) x (1 + (B))^2
(D) Current Enrollment	69,674	
(E) Projected Claims (Before Changes)	\$19,515,070	(C) x (D) x 12
(F) Expected Impact of Benefit Modifications	2.0%	
(G) Expected Claims (After Changes)	\$19,905,371	(E) x (1+(F))

Note that the projected loss ratio differs from the anticipated loss ratio of 68.47% for the new products discussed above. We anticipate that the new products will produce this target loss ratio.

Q. Other Factors

Rates are not determined using rating factors.

R. Rating manuals and underwriting guidelines

Small group products are rated using a rate table and vary only by plan design and age. No underwriting adjustments are applied.

Exhibit A
Side by Side Comparison

Current Tier	Modified Tier	Plan	Current Rate	Adjusted Rate	Rate Increase
Employee Only	Single	Rocky Mountain Premier 6	\$37.20	\$37.13	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 6	\$74.13	\$74.26	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 6	\$75.78	\$57.22	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 6	\$75.78	\$77.31	2.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 6	\$75.78	\$97.41	28.5%
Family	Couple + 1 Child	Rocky Mountain Premier 6	\$113.81	\$94.35	-17.1%
Family	Couple + 2	Rocky Mountain Premier 6	\$113.81	\$114.44	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 6	\$113.81	\$134.54	18.2%
Employee Only	Single	Rocky Mountain Premier 8	\$37.20	\$37.13	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 8	\$74.13	\$74.26	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 8	\$82.42	\$61.42	-25.5%
Employee + Child	Single + 2	Rocky Mountain Premier 8	\$82.42	\$85.70	4.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 8	\$82.42	\$109.99	33.5%
Family	Couple + 1 Child	Rocky Mountain Premier 8	\$122.68	\$98.54	-19.7%
Family	Couple + 2	Rocky Mountain Premier 8	\$122.68	\$122.83	0.1%
Family	Couple + 3 or more	Rocky Mountain Premier 8	\$122.68	\$147.12	19.9%
Employee Only	Single	Rocky Mountain Premier 11	\$39.69	\$39.61	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 11	\$79.07	\$79.22	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 11	\$80.82	\$61.04	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 11	\$80.82	\$82.48	2.1%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 11	\$80.82	\$103.91	28.6%
Family	Couple + 1 Child	Rocky Mountain Premier 11	\$121.40	\$100.65	-17.1%
Family	Couple + 2	Rocky Mountain Premier 11	\$121.40	\$122.09	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 11	\$121.40	\$143.52	18.2%
Employee Only	Single	Rocky Mountain Premier 12	\$40.39	\$40.31	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 12	\$80.48	\$80.62	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 12	\$82.26	\$62.12	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 12	\$82.26	\$83.94	2.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 12	\$82.26	\$105.75	28.6%
Family	Couple + 1 Child	Rocky Mountain Premier 12	\$123.56	\$102.44	-17.1%
Family	Couple + 2	Rocky Mountain Premier 12	\$123.56	\$124.25	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 12	\$123.56	\$146.06	18.2%
Employee Only	Single	Rocky Mountain Premier 15	\$39.69	\$39.61	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 15	\$79.07	\$79.22	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 15	\$87.47	\$65.24	-25.4%
Employee + Child	Single + 2	Rocky Mountain Premier 15	\$87.47	\$90.87	3.9%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 15	\$87.47	\$116.49	33.2%
Family	Couple + 1 Child	Rocky Mountain Premier 15	\$130.25	\$104.85	-19.5%
Family	Couple + 2	Rocky Mountain Premier 15	\$130.25	\$130.48	0.2%
Family	Couple + 3 or more	Rocky Mountain Premier 15	\$130.25	\$156.10	19.8%
Employee Only	Single	Rocky Mountain Premier 16	\$40.39	\$40.31	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 16	\$80.48	\$80.62	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 16	\$88.91	\$66.32	-25.4%
Employee + Child	Single + 2	Rocky Mountain Premier 16	\$88.91	\$92.33	3.8%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 16	\$88.91	\$118.33	33.1%
Family	Couple + 1 Child	Rocky Mountain Premier 16	\$132.44	\$106.63	-19.5%
Family	Couple + 2	Rocky Mountain Premier 16	\$132.44	\$132.64	0.2%

Current Tier	Modified Tier	Plan	Current Rate	Adjusted Rate	Rate Increase
Family	Couple + 3 or more	Rocky Mountain Premier 16	\$132.44	\$158.64	19.8%
Employee Only	Single	Rocky Mountain PPO Option 11	\$29.09	\$29.02	-0.2%
Employee + Spouse	Couple	Rocky Mountain PPO Option 11	\$57.93	\$58.04	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain PPO Option 11	\$59.20	\$44.73	-24.4%
Employee + Child	Single + 2	Rocky Mountain PPO Option 11	\$59.20	\$60.43	2.1%
Employee + Child	Single + 3 or more	Rocky Mountain PPO Option 11	\$59.20	\$76.14	28.6%
Family	Couple + 1 Child	Rocky Mountain PPO Option 11	\$88.93	\$73.75	-17.1%
Family	Couple + 2	Rocky Mountain PPO Option 11	\$88.93	\$89.45	0.6%
Family	Couple + 3 or more	Rocky Mountain PPO Option 11	\$88.93	\$105.16	18.3%

**Delta Dental Plan of Colorado
Small Group Dental Plans
PPACA Dental Filing
Actuarial Memorandum
Effective 1/1/2014**

A. Summary

1. The purpose of this rate filing is to file benefit designs and rates for four new small group plans effective 1/1/2014. This filing also contains rates for Delta Dental's existing small group plan designs. Modifications to current plans have been filed under separate cover, though we are not adjusting rates in response to those changes. Plans marketed through Rocky Mountain Health Plans will be modified to charge on per member basis, rather than their current 4-tier structure. Designs and rates can be found in Exhibit B.

We will also be closing the following small group pool plans to new sales. These plans will be terminated upon renewal and enrolled members will be offered one of our open plans.

- Rocky Mountain PPO No Option
 - Rocky Mountain PPO Options 6, 7, 8, 9, 10, 12, 13, 14, 15, and 16
 - Rocky Mountain Premier No Option
 - Rocky Mountain Premier 7, 9, 10, 13, and 14,
 - Broker Pool Plan 1
 - Broker Pool Plan 2
 - CEBA PPO
 - Nonprofit Resources Mountain Plan
 - Nonprofit Resources Valley Plan
2. The total impact of the changes above will be revenue neutral and result in a 0% increase to rates.
 3. Small Group dental products will be sold directly and through the Colorado Exchange. Small Group off-Exchange products are sold either through a broker or direct through DDCO.
 4. Premium rates for new plans vary by plan and age. Premium will be charged individually for adults and children (up to a maximum of three children). Rates for the small group pools are determined at the pool level and are based on three-tier or four-tier family composition. Rates for the small group direct plans are vary by plan, geographic area, group size, industry, and family composition.
 5. Product description

This filing addresses the four types of risk products that are offered to employer groups: EPO, PPO MAC, PPO Plus Premier, and Premier.

EPO plans:

Benefits provided by a PPO dentist are paid based on the PPO dentist's allowable fee. Benefits provided by Premier or non-participating dentists are not covered.

PPO MAC plans:

Benefits paid based on the PPO dentist's allowable fee. If the patient sees a Premier dentist, he or she will be responsible for the difference between the PPO dentist's Allowable fee and the fee from the Premier Maximum Plan Allowance (MPA). If the patient sees a non-participating dentist, he or she will be responsible for the difference between the PPO dentist's Allowable fee and the full billed charge.

PPO Plus Premier plans:

PPO Dentist – Benefits paid based on the PPO dentist's allowable fee.

Premier Dentist – Benefits paid based on the Premier MPA.

Non-Participating Dentist – Benefits paid based on the non-participating MPA.

Member is responsible for the difference between the non-participating MPA and the full billed charge.

Premier plans:

Premier Dentist – Benefits paid based on the Premier MPA.

Non-Participating Dentist – Benefits paid based on the non-participating MPA.

Member is responsible for the difference between the non-participating MPA and the full billed charge.

6. Forms impact:

A Contract	Implant Rider
B Contract	Orthodontic Rider
C Contract	
D Contract	
Voluntary C contract	
Smgrp 2014	

7. Premiums for plans offered on the Exchange vary by age due to the requirement of the ACA that pediatric members have additional benefits. Members under the age of 19 will pay the pediatric premium rate; 19 and over the adult premium rate.

Premiums for most plans offered off the Exchange are sold on a three-tier (Employee, Employee + 1, Employee + 2) or four-tier (Employee, Employee + Spouse, Employee + Child(ren), Employee + Family). Certain existing plans are sold on a per member, age rated basis.

8. Renewability provision: group policies are optionally renewable.

B. Assumption, Acquisition or Merger

The products included in this rate filing were not part of an assumption, acquisition or merger of policies from/with another company.

C. Rating Period

The rates will be applied to policy effective dates between 1/1/2014 and 12/31/2014.

D. Underwriting

These products will be issued to groups who meet the small group eligibility standards. No underwriting adjustments are applied.

E. Effect of law Changes: Pediatric benefit changes are being made in response to the Accountable Care Act. These changes have been filed under separate cover in our reasonable modification request.

F. Rate History

The table below summarizes the rate filings during the past three years for these products.

Effective Date	Explanation	Average Increase	Minimum Increase	Maximum Increase
1/1/2014	Annual Rate Filing	0.0%	-25.5%	33.5%
1/1/2013	Annual Rate Filing	1.4%	0.0%	4.0%
4/20/2012	Rate increase to meet target loss ratio	4.4%	0.0%	58.0%

The cumulative impact of rate changes in the past 12 months is an increase of 0.0%.

G. Coordination of Benefits

No separate adjustment for coordination of benefits was applied to the premium rates because dual coverage is not permitted.

H. Relationship of Benefits to Premium

The table below shows the components of the target retention, as well as a comparison to actual historical retention. Note that our financial statements are not segregated by line of business, so a separate allocation was needed to determine small group retention.

Component	Pricing Target	Actual Historical
Administration	16.25%	16.25%
Commissions	8.70%	8.70%
Risk Margin	3.55%	3.95%
Total	28.50%	28.90%

I. Lifetime Loss Ratio

The rates of dental products are determined annually. As such, a lifetime loss ratio is not applicable.

J. Provision for Profit and Contingencies

3.55% of premium is included in retention for reserves and contingencies. This is based on a target retention of 2% for contributory cases (where employers pay more than 50% of premium) and 5% for voluntary (where employers pay less than 50%). Due to the more selective nature of voluntary business, we believe a higher risk margin is appropriate for these groups.

K. Complete Description as to How the Proposed Rates were Determined

The rates for all plan designs were based on actual experience incurred during the time period April 2012 through March 2013 by members enrolled in existing small group products. Claims were projected forward to 1/1/2014 at an annual trend rate of 4% and were adjusted for benefits and

administrative expenses. Premiums were calculated by applying the required retention percentage of 28.5% to claims. The projected loss ratio for the rating period is 71.5%.

Pediatric benefits were designed to achieve the required 70% and 85% actuarial values (AVs) for the pediatric population only. The actuarial value was calculated as the ratio of the estimated claims cost paid by the plan PMPM divided by the allowed claims PMPM, for services performed in-network only. A separate actuarial value certification has been submitted with this filing.

The table below shows the allowed claims during the experience period for children and adults.

Member Type	Allowed Claims	Member Months	Allowed Claims (PMPM)
Adult	\$135,788,312	4,474,037	\$30.35
Pediatric	\$34,157,388	1,381,399	\$24.73
Total	\$169,945,701	5,855,436	\$29.02

For each plan, the actuarial value was calculated for both adults and children. Because the mix of services differs materially between adults and children and each class of services is covered at a different coinsurance level, the actuarial value is considerably different for each age group. For example, 67.0% of allowed claims for children are in the diagnostic/preventive category, compared to only 32.1% for adults. Because these services are covered at a higher coinsurance than basic and major services, the actuarial value for children is generally higher than for adults.

The tables below show the calculation of the Exchange plan rates. Allowed claims were trended from the experience period to 2014 at an annual rate of 4%. The individual plans reflected in the experience period contain a combination of claims from the PPO network and the Premier network. Because the new plans use the PPO network exclusively, the allowed claims were reduced by 10% to reflect the anticipated savings from the higher network discounts.

The adjusted allowed claims were then multiplied by the actuarial value (pediatric or adult) to estimate paid claims.

Pediatric	Delta Dental Child Plan - Mesa	Delta Dental Child Plan - Summit	Delta Dental Family Plan - Summit	Delta Dental Family Plan - Mesa
PMPM Allowed	\$24.73	\$24.73	\$24.73	\$24.73
Trend	1.071	1.071	1.071	1.071
Network Adjustment	0.780	0.780	0.780	0.780
Benefits	0.687	0.842	0.842	0.837
Paid Claims	\$14.19	\$17.40	\$17.40	\$17.29
Retention	28.50%	28.50%	28.50%	28.50%
Required premium	\$19.85	\$24.33	\$24.33	\$24.18

Adult				
PMPM Allowed			\$30.35	\$30.35
Trend			1.07	1.07
Network Adjustment			0.780	0.780
Benefits			0.699	0.414
Paid Claims	N/A	N/A	\$17.73	\$10.50
Retention			28.50%	28.50%
Required premium	N/A	N/A	\$24.79	\$14.68

The per member rates for the Rocky Mountain plans were developed based on the current enrolled population and rates. Based on the number of employees enrolled in each tier and the underlying number of members within those tiers, a composite PMPM claim amount was calculated. Based on the number of adults versus children and the expected rate differential between children and adults, the composite PMPM was split into separate child and adult PMPM rates.

Rates for the Rocky Mountain plans will be separated into Under 19 and 19 and Over. For children under 19, only the first three children will be included in the rate calculation. The underlying rates for each plan are shown in the Rates and Benefits exhibit.

L. Trend

4% underlying trend is assumed in pricing. The table below shows Delta Dental's claim experience.

Experience Period	Paid Claims	IBNR	Incurred Claims	Average covered lives	Incurred Claims (PMPM)	Annual Trend
1/1/10-12/31/10	\$95,204,049	\$0	\$95,204,049	401,211	\$19.77	
1/1/11-12/31/11	\$100,494,959	\$2,197	\$100,497,156	440,447	\$19.01	-3.8%
1/1/12-12/31/12	\$110,006,449	\$112,279	\$110,118,728	473,821	\$19.37	1.9%

The 4% projected trend is based on the following assumptions:

Unit Cost Trend: 1.50%

Utilization Trend: 2.46%

Combined Trend: 4.00%

Delta Dental uses fixed fee schedules and the unit cost increase is our best estimate for the increases to be implemented in 2014. The utilization trend is based on the anticipated change in risk characteristics due to the ACA. Note that this trend is used solely for projection purposes and setting rates for the new standalone plans as we are not increasing rates on existing plans at this time.

M. Credibility

The proposed rates are based on Colorado data from 4/1/2012 through 3/31/2013 including total 31,627 life years and 50,967 claims which meet the Colorado full credibility standard.

N. Data requirements

Below is a summary of the past three years of experience on Delta Dental's group plans.

Experience Period	Earned Premium*	Incurred Claims	Benefits Ratio	Average covered lives	Average number of policyholders
1/1/10-12/31/10	\$116,542,726	\$95,204,049	81.69%	401,211	247,429
1/1/11-12/31/11	\$126,052,199	\$100,497,156	79.73%	440,447	271,626
1/1/12-12/31/12	\$133,973,132	\$110,118,728	82.19%	473,821	300,264
1/1/13-3/31/13	\$34,336,263	\$29,001,244	84.46%	504,225	302,902
4/1/12 – 3/31/13	\$133,253,558	\$110,277,313	82.76%	487,953	300,923

O. Side-by-Side Comparison

The only rate change in this filing is the transition of the plans marketed through Rocky Mountain Health plans from 4-Tier to member-rated. A side-by-side comparison of the 4-tier rates and comparable per member rates are shown in Exhibit A.

P. Benefits Ratio Projections

The table below shows the expected impact of the benefit and rate changes. Note that we are not proposing changes to premiums at this time. However, we do expect the proposed benefit modifications to increase claims by approximately 2.0%.

	Before Changes	After Changes
Premiums	\$25,375,271	\$25,375,271
Claims	\$19,515,070	\$19,905,371
Loss Ratio	76.9%	78.4%

The tables below show the calculation of projected premium and claims.

(A) Current Premium (PMPM)	\$30.35	
(B) Current Enrollment	69,674	
(C) Total Premium (Before Changes)	\$25,375,271	(A) x (B) x 12
(D) Impact of Rate Changes	0%	
(E) Projected Premium (After Changes)	\$25,375,271	(C) x (1+(D))

(A) Claims Incurred CY 2012 (PMPM)	\$21.58	
(B) Assumed Trend	4.0%	
(C) 2012 Claims Trended to 2014 (PMPM)	\$23.34	(A) x (1 + (B))^2
(D) Current Enrollment	69,674	
(E) Projected Claims (Before Changes)	\$19,515,070	(C) x (D) x 12
(F) Expected Impact of Benefit Modifications	2.0%	
(G) Expected Claims (After Changes)	\$19,905,371	(E) x (1+(F))

Note that the projected loss ratio differs from the anticipated loss ratio of 71.5% for the new products discussed above. We anticipate that the new products will produce this target loss ratio.

Q. Other Factors

Rates are not determined using rating factors.

R. Rating manuals and underwriting guidelines

Small group products are rated using a rate table and vary only by plan design and age. No underwriting adjustments are applied.

Exhibit A
Side by Side Comparison

Current Tier	Modified Tier	Plan	Current Rate	Adjusted Rate	Rate Increase
Employee Only	Single	Rocky Mountain Premier 6	\$37.20	\$37.13	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 6	\$74.13	\$74.26	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 6	\$75.78	\$57.22	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 6	\$75.78	\$77.31	2.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 6	\$75.78	\$97.41	28.5%
Family	Couple + 1 Child	Rocky Mountain Premier 6	\$113.81	\$94.35	-17.1%
Family	Couple + 2	Rocky Mountain Premier 6	\$113.81	\$114.44	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 6	\$113.81	\$134.54	18.2%
Employee Only	Single	Rocky Mountain Premier 8	\$37.20	\$37.13	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 8	\$74.13	\$74.26	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 8	\$82.42	\$61.42	-25.5%
Employee + Child	Single + 2	Rocky Mountain Premier 8	\$82.42	\$85.70	4.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 8	\$82.42	\$109.99	33.5%
Family	Couple + 1 Child	Rocky Mountain Premier 8	\$122.68	\$98.54	-19.7%
Family	Couple + 2	Rocky Mountain Premier 8	\$122.68	\$122.83	0.1%
Family	Couple + 3 or more	Rocky Mountain Premier 8	\$122.68	\$147.12	19.9%
Employee Only	Single	Rocky Mountain Premier 11	\$39.69	\$39.61	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 11	\$79.07	\$79.22	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 11	\$80.82	\$61.04	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 11	\$80.82	\$82.48	2.1%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 11	\$80.82	\$103.91	28.6%
Family	Couple + 1 Child	Rocky Mountain Premier 11	\$121.40	\$100.65	-17.1%
Family	Couple + 2	Rocky Mountain Premier 11	\$121.40	\$122.09	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 11	\$121.40	\$143.52	18.2%
Employee Only	Single	Rocky Mountain Premier 12	\$40.39	\$40.31	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 12	\$80.48	\$80.62	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 12	\$82.26	\$62.12	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 12	\$82.26	\$83.94	2.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 12	\$82.26	\$105.75	28.6%
Family	Couple + 1 Child	Rocky Mountain Premier 12	\$123.56	\$102.44	-17.1%
Family	Couple + 2	Rocky Mountain Premier 12	\$123.56	\$124.25	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 12	\$123.56	\$146.06	18.2%
Employee Only	Single	Rocky Mountain Premier 15	\$39.69	\$39.61	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 15	\$79.07	\$79.22	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 15	\$87.47	\$65.24	-25.4%
Employee + Child	Single + 2	Rocky Mountain Premier 15	\$87.47	\$90.87	3.9%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 15	\$87.47	\$116.49	33.2%
Family	Couple + 1 Child	Rocky Mountain Premier 15	\$130.25	\$104.85	-19.5%
Family	Couple + 2	Rocky Mountain Premier 15	\$130.25	\$130.48	0.2%
Family	Couple + 3 or more	Rocky Mountain Premier 15	\$130.25	\$156.10	19.8%
Employee Only	Single	Rocky Mountain Premier 16	\$40.39	\$40.31	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 16	\$80.48	\$80.62	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 16	\$88.91	\$66.32	-25.4%
Employee + Child	Single + 2	Rocky Mountain Premier 16	\$88.91	\$92.33	3.8%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 16	\$88.91	\$118.33	33.1%
Family	Couple + 1 Child	Rocky Mountain Premier 16	\$132.44	\$106.63	-19.5%

Current Tier	Modified Tier	Plan	Current Rate	Adjusted Rate	Rate Increase
Family	Couple + 2	Rocky Mountain Premier 16	\$132.44	\$132.64	0.2%
Family	Couple + 3 or more	Rocky Mountain Premier 16	\$132.44	\$158.64	19.8%
Employee Only	Single	Rocky Mountain PPO Option 11	\$29.09	\$29.02	-0.2%
Employee + Spouse	Couple	Rocky Mountain PPO Option 11	\$57.93	\$58.04	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain PPO Option 11	\$59.20	\$44.73	-24.4%
Employee + Child	Single + 2	Rocky Mountain PPO Option 11	\$59.20	\$60.43	2.1%
Employee + Child	Single + 3 or more	Rocky Mountain PPO Option 11	\$59.20	\$76.14	28.6%
Family	Couple + 1 Child	Rocky Mountain PPO Option 11	\$88.93	\$73.75	-17.1%
Family	Couple + 2	Rocky Mountain PPO Option 11	\$88.93	\$89.45	0.6%
Family	Couple + 3 or more	Rocky Mountain PPO Option 11	\$88.93	\$105.16	18.3%

Table of Benefits and Rates - New Delta Dental of Colorado Individual Offerings

Effective 1/1/2014

Benefit Design

High or Low Pediatric
New Plan or Mod?
Line of Business
On/Off Exchange
Network
Plan Type
Deductible
Apply ded to
OOP Max (Under 19 Only)
Annual Max (Adult Only)
Class I
Class II
Class III
Ortho Offered?
Surgery/Endo/Perio
Waiting Pd (Adult)

	Delta Dental Child Plan - Mesa	Delta Dental Child Plan - Summit	Delta Dental Family Plan - High Mesa	Delta Dental Family Plan - Summit	Delta Dental Family Plan - Mesa
	Low	High	Low	High	High
	New	New	New	New	New
	Individual	Individual	Individual	Individual	Individual
	Both	Both	On	On	On
	PPO Only	PPO Only	PPO Only	PPO Only	PPO Only
	EPO	EPO	EPO	EPO	EPO
	\$50	\$50	\$50	\$50	\$50
	Basic/Major	Basic/Major	Basic/Major	Basic/Major	Basic
	\$700	\$700	\$700	\$700	\$700
	N/A	N/A	\$1,000	\$2,000	\$1,000
	80%	100%	80%	100%	100%
	60%	80%	50%	80%	60%
	50%	50%	50%	50%	0%
	No	No	No	No	No
	Major	Major	Major	Major	Major
Basic	N/A	N/A	12 Month	12 Month	6 Month
Major	N/A	N/A	12 Month	12 Month	N/A
Basic	None	None	None	None	None
Major	12 Month	12 Month	12 Month	12 Month	12 Month
Pediatric	N/A	N/A	No Change	No Change	100%/60%/60%

Pediatric

Deductible
Apply ded to
OOP Max
Class I
Class II
Class III

Delta Dental Child Plan - Mesa	Delta Dental Child Plan - Summit	Delta Dental Family Plan - High Mesa	Delta Dental Family Plan - Summit	Delta Dental Family Plan - Mesa
\$50	\$50	\$50	\$50	\$50
Basic/Major	Basic/Major	Basic/Major	Basic/Major	Basic
\$700	\$700	\$700	\$700	\$700
80%	100%	80%	100%	100%
60%	80%	50%	80%	60%
50%	50%	50%	50%	60%*

*Added to meet EHB requirements

Price

Per child (0 - 20)
Per adult (21 and older)

\$22.50	\$25.50	\$20.50	\$25.50	\$24.25
N/A	N/A	\$26.75	\$33.75	\$16.50

**Delta Dental Plan of Colorado
Small Group Dental Plans
PPACA Dental Filing
Actuarial Memorandum
Effective 1/1/2014**

A. Summary

1. The purpose of this rate filing is to file benefit designs and rates for four new small group plans effective 1/1/2014. This filing also contains rates for Delta Dental's existing small group plan designs. Modifications to current plans have been filed under separate cover, though we are not adjusting rates in response to those changes. Plans marketed through Rocky Mountain Health Plans will be modified to charge on per member basis, rather than their current 4-tier structure. Designs and rates can be found in Exhibit B.

We will also be closing the following small group pool plans to new sales. These plans will be terminated upon renewal and enrolled members will be offered one of our open plans.

- Rocky Mountain PPO No Option
 - Rocky Mountain PPO Options 6, 7, 8, 9, 10, 12, 13, 14, 15, and 16
 - Rocky Mountain Premier No Option
 - Rocky Mountain Premier 7, 9, 10, 13, and 14,
 - Broker Pool Plan 1
 - Broker Pool Plan 2
 - CEBA PPO
 - Nonprofit Resources Mountain Plan
 - Nonprofit Resources Valley Plan
2. The total impact of the changes above will be revenue neutral and result in a 0% increase to rates.
 3. Small Group dental products will be sold directly and through the Colorado Exchange. Small Group off-Exchange products are sold either through a broker or direct through DDCO.
 4. Premium rates for new plans vary by plan and age. Premium will be charged individually for adults and children (up to a maximum of three children). Rates for the small group pools are determined at the pool level and are based on three-tier or four-tier family composition. Rates for the small group direct plans are vary by plan, geographic area, group size, industry, and family composition.
 5. Product description

This filing addresses the four types of risk products that are offered to employer groups: EPO, PPO MAC, PPO Plus Premier, and Premier.

EPO plans:

Benefits provided by a PPO dentist are paid based on the PPO dentist's allowable fee. Benefits provided by Premier or non-participating dentists are not covered.

PPO MAC plans:

Benefits paid based on the PPO dentist's allowable fee. If the patient sees a Premier dentist, he or she will be responsible for the difference between the PPO dentist's Allowable fee and the fee from the Premier Maximum Plan Allowance (MPA). If the patient sees a non-participating dentist, he or she will be responsible for the difference between the PPO dentist's Allowable fee and the full billed charge.

PPO Plus Premier plans:

PPO Dentist – Benefits paid based on the PPO dentist's allowable fee.

Premier Dentist – Benefits paid based on the Premier MPA.

Non-Participating Dentist – Benefits paid based on the non-participating MPA.

Member is responsible for the difference between the non-participating MPA and the full billed charge.

Premier plans:

Premier Dentist – Benefits paid based on the Premier MPA.

Non-Participating Dentist – Benefits paid based on the non-participating MPA.

Member is responsible for the difference between the non-participating MPA and the full billed charge.

6. Forms impact:

A Contract	Implant Rider
B Contract	Orthodontic Rider
C Contract	
D Contract	
Voluntary C contract	
Smgrp 2014	

7. Premiums for plans offered on the Exchange vary by age due to the requirement of the ACA that pediatric members have additional benefits. Members under the age of 19 will pay the pediatric premium rate; 19 and over the adult premium rate.

Premiums for most plans offered off the Exchange are sold on a three-tier (Employee, Employee + 1, Employee + 2) or four-tier (Employee, Employee + Spouse, Employee + Child(ren), Employee + Family). Certain existing plans are sold on a per member, age rated basis.

8. Renewability provision: group policies are optionally renewable.

B. Assumption, Acquisition or Merger

The products included in this rate filing were not part of an assumption, acquisition or merger of policies from/with another company.

C. Rating Period

The rates will be applied to policy effective dates between 1/1/2014 and 12/31/2014.

D. Underwriting

These products will be issued to groups who meet the small group eligibility standards. No underwriting adjustments are applied.

E. Effect of law Changes: Pediatric benefit changes are being made in response to the Accountable Care Act. These changes have been filed under separate cover in our reasonable modification request.

F. Rate History

The table below summarizes the rate filings during the past three years for these products.

Effective Date	Explanation	Average Increase	Minimum Increase	Maximum Increase
1/1/2014	Annual Rate Filing	0.0%	-25.5%	33.5%
1/1/2013	Annual Rate Filing	1.4%	0.0%	4.0%
4/20/2012	Rate increase to meet target loss ratio	4.4%	0.0%	58.0%

The cumulative impact of rate changes in the past 12 months is an increase of 0.0%.

G. Coordination of Benefits

No separate adjustment for coordination of benefits was applied to the premium rates because dual coverage is not permitted.

H. Relationship of Benefits to Premium

The table below shows the components of the target retention, as well as a comparison to actual historical retention. Note that our financial statements are not segregated by line of business, so a separate allocation was needed to determine small group retention.

Component	Pricing Target	Actual Historical
Administration	16.25%	16.25%
Commissions	8.70%	8.70%
Risk Margin	3.55%	3.95%
Total	28.50%	28.90%

I. Lifetime Loss Ratio

The rates of dental products are determined annually. As such, a lifetime loss ratio is not applicable.

J. Provision for Profit and Contingencies

3.55% of premium is included in retention for reserves and contingencies. This is based on a target retention of 2% for contributory cases (where employers pay more than 50% of premium) and 5% for voluntary (where employers pay less than 50%). Due to the more selective nature of voluntary business, we believe a higher risk margin is appropriate for these groups.

K. Complete Description as to How the Proposed Rates were Determined

The rates for all plan designs were based on actual experience incurred during the time period April 2012 through March 2013 by members enrolled in existing small group products. Claims were projected forward to 1/1/2014 at an annual trend rate of 4% and were adjusted for benefits and

administrative expenses. Premiums were calculated by applying the required retention percentage of 28.5% to claims. The projected loss ratio for the rating period is 71.5%.

Pediatric benefits were designed to achieve the required 70% and 85% actuarial values (AVs) for the pediatric population only. The actuarial value was calculated as the ratio of the estimated claims cost paid by the plan PMPM divided by the allowed claims PMPM, for services performed in-network only. A separate actuarial value certification has been submitted with this filing.

The per member rates for the Rocky Mountain plans were developed based on the current enrolled population and rates. Based on the number of employees enrolled in each tier and the underlying number of members within those tiers, a composite PMPM claim amount was calculated. Based on the number of adults versus children and the expected rate differential between children and adults, the composite PMPM was split into separate child and adult PMPM rates.

Rates for the Rocky Mountain plans will be separated into Under 19 and 19 and Over. For children under 19, only the first three children will be included in the rate calculation. The underlying rates for each plan are shown in the Rates and Benefits exhibit.

L. Trend

4% underlying trend is assumed in pricing. The table below shows Delta Dental's claim experience.

Experience Period	Paid Claims	IBNR	Incurred Claims	Average covered lives	Incurred Claims (PMPM)	Annual Trend
1/1/10-12/31/10	\$95,204,049	\$0	\$95,204,049	401,211	\$19.77	
1/1/11-12/31/11	\$100,494,959	\$2,197	\$100,497,156	440,447	\$19.01	-3.8%
1/1/12-12/31/12	\$110,006,449	\$112,279	\$110,118,728	473,821	\$19.37	1.9%

The 4% projected trend is based on the following assumptions:

Unit Cost Trend: 1.50%
Utilization Trend: 2.46%
Combined Trend: 4.00%

Delta Dental uses fixed fee schedules and the unit cost increase is our best estimate for the increases to be implemented in 2014. The utilization trend is based on the anticipated change in risk characteristics due to the ACA. Note that this trend is used solely for projection purposes and setting rates for the new standalone plans as we are not increasing rates on existing plans at this time.

M. Credibility

The proposed rates are based on Colorado data from 4/1/2012 through 3/31/2013 including total 31,627 life years and 50,967 claims which meet the Colorado full credibility standard.

N. Data requirements

Below is a summary of the past three years of experience on Delta Dental's group plans.

Experience Period	Earned Premium*	Incurred Claims	Benefits Ratio	Average covered lives	Average number of policyholders
1/1/10-12/31/10	\$116,542,726	\$95,204,049	81.69%	401,211	247,429

1/1/11-12/31/11	\$126,052,199	\$100,497,156	79.73%	440,447	271,626
1/1/12-12/31/12	\$133,973,132	\$110,118,728	82.19%	473,821	300,264
1/1/13-3/31/13	\$34,336,263	\$29,001,244	84.46%	504,225	302,902

O. Side-by-Side Comparison

The only rate change in this filing is the transition of the plans marketed through Rocky Mountain Health plans from 4-Tier to member-rated. A side-by-side comparison of the 4-tier rates and comparable per member rates are shown in Exhibit A.

P. Benefits Ratio Projections

The table below shows the expected impact of the benefit and rate changes. Note that we are not proposing changes to premiums at this time. However, we do expect the proposed benefit modifications to increase claims by approximately 2.0%.

	Before Changes	After Changes
Premiums	\$25,375,271	\$25,375,271
Claims	\$19,515,070	\$19,905,371
Loss Ratio	76.9%	78.4%

The tables below show the calculation of projected premium and claims.

(A) Current Premium (PMPM)	\$30.35	
(B) Current Enrollment	69,674	
(C) Total Premium (Before Changes)	\$25,375,271	(A) x (B) x 12
(D) Impact of Rate Changes	0%	
(E) Projected Premium (After Changes)	\$25,375,271	(C) x (1+(D))

(A) Claims Incurred CY 2012 (PMPM)	\$21.58	
(B) Assumed Trend	4.0%	
(C) 2012 Claims Trended to 2014 (PMPM)	\$23.34	(A) x (1 + (B))^2
(D) Current Enrollment	69,674	
(E) Projected Claims (Before Changes)	\$19,515,070	(C) x (D) x 12
(F) Expected Impact of Benefit Modifications	2.0%	
(G) Expected Claims (After Changes)	\$19,905,371	(E) x (1+(F))

Note that the projected loss ratio differs from the anticipated loss ratio of 71.5% for the new products discussed above. We anticipate that the new products will produce this target loss ratio.

Q. Other Factors

Rates are not determined using rating factors.

R. Rating manuals and underwriting guidelines

Small group products are rated using a rate table and vary only by plan design and age. No underwriting adjustments are applied.

Exhibit A
Side by Side Comparison

Current Tier	Modified Tier	Plan	Current Rate	Adjusted Rate	Rate Increase
Employee Only	Single	Rocky Mountain Premier 6	\$37.20	\$37.13	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 6	\$74.13	\$74.26	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 6	\$75.78	\$57.22	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 6	\$75.78	\$77.31	2.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 6	\$75.78	\$97.41	28.5%
Family	Couple + 1 Child	Rocky Mountain Premier 6	\$113.81	\$94.35	-17.1%
Family	Couple + 2	Rocky Mountain Premier 6	\$113.81	\$114.44	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 6	\$113.81	\$134.54	18.2%
Employee Only	Single	Rocky Mountain Premier 8	\$37.20	\$37.13	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 8	\$74.13	\$74.26	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 8	\$82.42	\$61.42	-25.5%
Employee + Child	Single + 2	Rocky Mountain Premier 8	\$82.42	\$85.70	4.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 8	\$82.42	\$109.99	33.5%
Family	Couple + 1 Child	Rocky Mountain Premier 8	\$122.68	\$98.54	-19.7%
Family	Couple + 2	Rocky Mountain Premier 8	\$122.68	\$122.83	0.1%
Family	Couple + 3 or more	Rocky Mountain Premier 8	\$122.68	\$147.12	19.9%
Employee Only	Single	Rocky Mountain Premier 11	\$39.69	\$39.61	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 11	\$79.07	\$79.22	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 11	\$80.82	\$61.04	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 11	\$80.82	\$82.48	2.1%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 11	\$80.82	\$103.91	28.6%
Family	Couple + 1 Child	Rocky Mountain Premier 11	\$121.40	\$100.65	-17.1%
Family	Couple + 2	Rocky Mountain Premier 11	\$121.40	\$122.09	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 11	\$121.40	\$143.52	18.2%
Employee Only	Single	Rocky Mountain Premier 12	\$40.39	\$40.31	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 12	\$80.48	\$80.62	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 12	\$82.26	\$62.12	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 12	\$82.26	\$83.94	2.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 12	\$82.26	\$105.75	28.6%
Family	Couple + 1 Child	Rocky Mountain Premier 12	\$123.56	\$102.44	-17.1%
Family	Couple + 2	Rocky Mountain Premier 12	\$123.56	\$124.25	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 12	\$123.56	\$146.06	18.2%
Employee Only	Single	Rocky Mountain Premier 15	\$39.69	\$39.61	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 15	\$79.07	\$79.22	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 15	\$87.47	\$65.24	-25.4%
Employee + Child	Single + 2	Rocky Mountain Premier 15	\$87.47	\$90.87	3.9%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 15	\$87.47	\$116.49	33.2%
Family	Couple + 1 Child	Rocky Mountain Premier 15	\$130.25	\$104.85	-19.5%
Family	Couple + 2	Rocky Mountain Premier 15	\$130.25	\$130.48	0.2%
Family	Couple + 3 or more	Rocky Mountain Premier 15	\$130.25	\$156.10	19.8%
Employee Only	Single	Rocky Mountain Premier 16	\$40.39	\$40.31	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 16	\$80.48	\$80.62	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 16	\$88.91	\$66.32	-25.4%
Employee + Child	Single + 2	Rocky Mountain Premier 16	\$88.91	\$92.33	3.8%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 16	\$88.91	\$118.33	33.1%
Family	Couple + 1 Child	Rocky Mountain Premier 16	\$132.44	\$106.63	-19.5%

Current Tier	Modified Tier	Plan	Current Rate	Adjusted Rate	Rate Increase
Family	Couple + 2	Rocky Mountain Premier 16	\$132.44	\$132.64	0.2%
Family	Couple + 3 or more	Rocky Mountain Premier 16	\$132.44	\$158.64	19.8%
Employee Only	Single	Rocky Mountain PPO Option 11	\$29.09	\$29.02	-0.2%
Employee + Spouse	Couple	Rocky Mountain PPO Option 11	\$57.93	\$58.04	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain PPO Option 11	\$59.20	\$44.73	-24.4%
Employee + Child	Single + 2	Rocky Mountain PPO Option 11	\$59.20	\$60.43	2.1%
Employee + Child	Single + 3 or more	Rocky Mountain PPO Option 11	\$59.20	\$76.14	28.6%
Family	Couple + 1 Child	Rocky Mountain PPO Option 11	\$88.93	\$73.75	-17.1%
Family	Couple + 2	Rocky Mountain PPO Option 11	\$88.93	\$89.45	0.6%
Family	Couple + 3 or more	Rocky Mountain PPO Option 11	\$88.93	\$105.16	18.3%

**Delta Dental Plan of Colorado
Small Group Dental Plans
PPACA Dental Filing
Actuarial Memorandum
Effective 1/1/2014**

A. Summary

1. The purpose of this rate filing is to file benefit designs and rates for four new small group plans effective 1/1/2014. This filing also contains rates for Delta Dental's existing small group plan designs. Modifications to current plans have been filed under separate cover, though we are not adjusting rates in response to those changes. Plans marketed through Rocky Mountain Health Plans will be modified to charge on per member basis, rather than their current 4-tier structure. Designs and rates can be found in Exhibit B.

We will also be closing the following small group pool plans to new sales. These plans will be terminated upon renewal and enrolled members will be offered one of our open plans.

- Rocky Mountain PPO No Option
 - Rocky Mountain PPO Options 6, 7, 8, 9, 10, 12, 13, 14, 15, and 16
 - Rocky Mountain Premier No Option
 - Rocky Mountain Premier 7, 9, 10, 13, and 14,
 - Broker Pool Plan 1
 - Broker Pool Plan 2
 - CEBA PPO
 - Nonprofit Resources Mountain Plan
 - Nonprofit Resources Valley Plan
2. The total impact of the changes above will be revenue neutral and result in a 0% increase to rates.
 3. Small Group dental products will be sold directly and through the Colorado Exchange. Small Group off-Exchange products are sold either through a broker or direct through DDCO.
 4. Premium rates for new plans vary by plan and age. Premium will be charged individually for adults and children (up to a maximum of three children). Rates for the small group pools are determined at the pool level and are based on three-tier or four-tier family composition. Rates for the small group direct plans are vary by plan, geographic area, group size, industry, and family composition.
 5. Product description

This filing addresses the four types of risk products that are offered to employer groups: EPO, PPO MAC, PPO Plus Premier, and Premier.

EPO plans:

Benefits provided by a PPO dentist are paid based on the PPO dentist's allowable fee. Benefits provided by Premier or non-participating dentists are not covered.

PPO MAC plans:

Benefits paid based on the PPO dentist's allowable fee. If the patient sees a Premier dentist, he or she will be responsible for the difference between the PPO dentist's Allowable fee and the fee from the Premier Maximum Plan Allowance (MPA). If the patient sees a non-participating dentist, he or she will be responsible for the difference between the PPO dentist's Allowable fee and the full billed charge.

PPO Plus Premier plans:

PPO Dentist – Benefits paid based on the PPO dentist's allowable fee.

Premier Dentist – Benefits paid based on the Premier MPA.

Non-Participating Dentist – Benefits paid based on the non-participating MPA.

Member is responsible for the difference between the non-participating MPA and the full billed charge.

Premier plans:

Premier Dentist – Benefits paid based on the Premier MPA.

Non-Participating Dentist – Benefits paid based on the non-participating MPA.

Member is responsible for the difference between the non-participating MPA and the full billed charge.

6. Forms impact:

A Contract	Implant Rider
B Contract	Orthodontic Rider
C Contract	
D Contract	
Voluntary C contract	
Smgrp 2014	

7. Premiums for plans offered on the Exchange vary by age due to the requirement of the ACA that pediatric members have additional benefits. Members under the age of 19 will pay the pediatric premium rate; 19 and over the adult premium rate.

Premiums for most plans offered off the Exchange are sold on a three-tier (Employee, Employee + 1, Employee + 2) or four-tier (Employee, Employee + Spouse, Employee + Child(ren), Employee + Family). Certain existing plans are sold on a per member, age rated basis.

8. Renewability provision: group policies are optionally renewable.

B. Assumption, Acquisition or Merger

The products included in this rate filing were not part of an assumption, acquisition or merger of policies from/with another company.

C. Rating Period

The rates will be applied to policy effective dates between 1/1/2014 and 12/31/2014.

D. Underwriting

These products will be issued to groups who meet the small group eligibility standards. No underwriting adjustments are applied.

- E. Effect of law Changes: Pediatric benefit changes are being made in response to the Accountable Care Act. These changes have been filed under separate cover in our reasonable modification request.

F. Rate History

The table below summarizes the rate filings during the past three years for these products.

Effective Date	Explanation	Average Increase	Minimum Increase	Maximum Increase
1/1/2014	Annual Rate Filing	0.0%	-25.5%	33.5%
1/1/2013	Annual Rate Filing	1.4%	0.0%	4.0%
4/20/2012	Rate increase to meet target loss ratio	4.4%	0.0%	58.0%

The cumulative impact of rate changes in the past 12 months is an increase of 0.0%.

G. Coordination of Benefits

No separate adjustment for coordination of benefits was applied to the premium rates because dual coverage is not permitted.

H. Relationship of Benefits to Premium

The table below shows the components of the target retention, as well as a comparison to actual historical retention. Note that our financial statements are not segregated by line of business, so a separate allocation was needed to determine small group retention.

Component	Pricing Target	Actual Historical
Administration	16.25%	16.25%
Commissions	8.70%	8.70%
Risk Margin	3.55%	3.95%
Total	28.50%	28.90%

I. Lifetime Loss Ratio

The rates of dental products are determined annually. As such, a lifetime loss ratio is not applicable.

J. Provision for Profit and Contingencies

3.55% of premium is included in retention for reserves and contingencies. This is based on a target retention of 2% for contributory cases (where employers pay more than 50% of premium) and 5% for voluntary (where employers pay less than 50%). Due to the more selective nature of voluntary business, we believe a higher risk margin is appropriate for these groups.

K. Complete Description as to How the Proposed Rates were Determined

The rates for all plan designs were based on actual experience incurred during the time period April 2012 through March 2013 by members enrolled in existing small group products. Claims were projected forward to 1/1/2014 at an annual trend rate of 4% and were adjusted for benefits and administrative expenses. Premiums were calculated by applying the required retention percentage of 28.5% to claims. The projected loss ratio for the rating period is 71.5%.

Pediatric benefits were designed to achieve the required 70% and 85% actuarial values (AVs) for the pediatric population only. The actuarial value was calculated as the ratio of the estimated claims cost paid by the plan PMPM divided by the allowed claims PMPM, for services performed in-network only. A separate actuarial value certification has been submitted with this filing.

The per member rates for the Rocky Mountain plans were developed based on the current enrolled population and rates. Based on the number of employees enrolled in each tier and the underlying number of members within those tiers, a composite PMPM claim amount was calculated. Based on the number of adults versus children and the expected rate differential between children and adults, the composite PMPM was split into separate child and adult PMPM rates.

Rates for the Rocky Mountain plans will be separated into Under 19 and 19 and Over. For children under 19, only the first three children will be included in the rate calculation. The underlying rates for each plan are shown in the Rates and Benefits exhibit.

L. Trend

4% underlying trend is assumed in pricing.

M. Credibility

The proposed rates are based on Colorado data from 4/1/2012 through 3/31/2013 including total 31,627 life years and 50,967 claims which meet the Colorado full credibility standard.

N. Data requirements

Below is a summary of the past three years of experience on Delta Dental's group plans.

Experience Period	Earned Premium*	Incurred Claims	Benefits Ratio	Average covered lives	Average number of policyholders
1/1/10-12/31/10	\$116,542,726	\$95,204,049	81.69%	401,211	247,429
1/1/11-12/31/11	\$126,052,199	\$100,497,156	79.73%	440,447	271,626
1/1/12-12/31/12	\$133,973,132	\$110,118,728	82.19%	473,821	300,264
1/1/13-3/31/13	\$34,336,263	\$29,001,244	84.46%	504,225	302,902

O. Side-by-Side Comparison

The only rate change in this filing is the transition of the plans marketed through Rocky Mountain Health plans from 4-Tier to member-rated. A side-by-side comparison of the 4-tier rates and comparable per member rates are shown in Exhibit A.

P. Benefits Ratio Projections

The table below shows the expected impact of the benefit and rate changes. Note that we are not proposing changes to premiums at this time. However, we do expect the proposed benefit modifications to increase claims by approximately 2.0%.

	Before Changes	After Changes
Premiums	\$16,209,611	\$16,209,611
Claims	\$11,589,872	\$11,821,669
Loss Ratio	71.5%	72.9%

Q. Other Factors

Rates are not determined using rating factors.

R. Rating manuals and underwriting guidelines

Small group products are rated using a rate table and vary only by plan design and age. No underwriting adjustments are applied.

Exhibit A
Side by Side Comparison

Current Tier	Modified Tier	Plan	Current Rate	Adjusted Rate	Rate Increase
Employee Only	Single	Rocky Mountain Premier 6	\$37.20	\$37.13	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 6	\$74.13	\$74.26	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 6	\$75.78	\$57.22	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 6	\$75.78	\$77.31	2.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 6	\$75.78	\$97.41	28.5%
Family	Couple + 1 Child	Rocky Mountain Premier 6	\$113.81	\$94.35	-17.1%
Family	Couple + 2	Rocky Mountain Premier 6	\$113.81	\$114.44	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 6	\$113.81	\$134.54	18.2%
Employee Only	Single	Rocky Mountain Premier 8	\$37.20	\$37.13	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 8	\$74.13	\$74.26	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 8	\$82.42	\$61.42	-25.5%
Employee + Child	Single + 2	Rocky Mountain Premier 8	\$82.42	\$85.70	4.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 8	\$82.42	\$109.99	33.5%
Family	Couple + 1 Child	Rocky Mountain Premier 8	\$122.68	\$98.54	-19.7%
Family	Couple + 2	Rocky Mountain Premier 8	\$122.68	\$122.83	0.1%
Family	Couple + 3 or more	Rocky Mountain Premier 8	\$122.68	\$147.12	19.9%
Employee Only	Single	Rocky Mountain Premier 11	\$39.69	\$39.61	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 11	\$79.07	\$79.22	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 11	\$80.82	\$61.04	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 11	\$80.82	\$82.48	2.1%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 11	\$80.82	\$103.91	28.6%
Family	Couple + 1 Child	Rocky Mountain Premier 11	\$121.40	\$100.65	-17.1%
Family	Couple + 2	Rocky Mountain Premier 11	\$121.40	\$122.09	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 11	\$121.40	\$143.52	18.2%
Employee Only	Single	Rocky Mountain Premier 12	\$40.39	\$40.31	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 12	\$80.48	\$80.62	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 12	\$82.26	\$62.12	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 12	\$82.26	\$83.94	2.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 12	\$82.26	\$105.75	28.6%
Family	Couple + 1 Child	Rocky Mountain Premier 12	\$123.56	\$102.44	-17.1%
Family	Couple + 2	Rocky Mountain Premier 12	\$123.56	\$124.25	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 12	\$123.56	\$146.06	18.2%
Employee Only	Single	Rocky Mountain Premier 15	\$39.69	\$39.61	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 15	\$79.07	\$79.22	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 15	\$87.47	\$65.24	-25.4%
Employee + Child	Single + 2	Rocky Mountain Premier 15	\$87.47	\$90.87	3.9%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 15	\$87.47	\$116.49	33.2%
Family	Couple + 1 Child	Rocky Mountain Premier 15	\$130.25	\$104.85	-19.5%
Family	Couple + 2	Rocky Mountain Premier 15	\$130.25	\$130.48	0.2%
Family	Couple + 3 or more	Rocky Mountain Premier 15	\$130.25	\$156.10	19.8%
Employee Only	Single	Rocky Mountain Premier 16	\$40.39	\$40.31	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 16	\$80.48	\$80.62	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 16	\$88.91	\$66.32	-25.4%
Employee + Child	Single + 2	Rocky Mountain Premier 16	\$88.91	\$92.33	3.8%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 16	\$88.91	\$118.33	33.1%
Family	Couple + 1 Child	Rocky Mountain Premier 16	\$132.44	\$106.63	-19.5%

Current Tier	Modified Tier	Plan	Current Rate	Adjusted Rate	Rate Increase
Family	Couple + 2	Rocky Mountain Premier 16	\$132.44	\$132.64	0.2%
Family	Couple + 3 or more	Rocky Mountain Premier 16	\$132.44	\$158.64	19.8%
Employee Only	Single	Rocky Mountain PPO Option 11	\$29.09	\$29.02	-0.2%
Employee + Spouse	Couple	Rocky Mountain PPO Option 11	\$57.93	\$58.04	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain PPO Option 11	\$59.20	\$44.73	-24.4%
Employee + Child	Single + 2	Rocky Mountain PPO Option 11	\$59.20	\$60.43	2.1%
Employee + Child	Single + 3 or more	Rocky Mountain PPO Option 11	\$59.20	\$76.14	28.6%
Family	Couple + 1 Child	Rocky Mountain PPO Option 11	\$88.93	\$73.75	-17.1%
Family	Couple + 2	Rocky Mountain PPO Option 11	\$88.93	\$89.45	0.6%
Family	Couple + 3 or more	Rocky Mountain PPO Option 11	\$88.93	\$105.16	18.3%

**Delta Dental Plan of Colorado
Small Group Dental Plans
PPACA Dental Filing
Actuarial Memorandum
Effective 1/1/2014**

A. Summary

1. The purpose of this rate filing is to file benefit designs and rates for four new small group plans effective 1/1/2014. This filing also contains rates for Delta Dental's existing small group plan designs. Modifications to current plans have been filed under separate cover, though we are not adjusting rates in response to those changes. Plans marketed through Rocky Mountain Health Plans will be modified to charge on per member basis, rather than their current 4-tier structure. Designs and rates can be found in Exhibit B.

We will also be closing the following small group pool plans to new sales. These plans will be terminated upon renewal and enrolled members will be offered one of our open plans.

- Rocky Mountain PPO No Option
 - Rocky Mountain PPO Options 6, 7, 8, 9, 10, 12, 13, 14, 15, and 16
 - Rocky Mountain Premier No Option
 - Rocky Mountain Premier 7, 9, 10, 13, and 14,
 - Broker Pool Plan 1
 - Broker Pool Plan 2
 - CEBA PPO
 - Nonprofit Resources Mountain Plan
 - Nonprofit Resources Valley Plan
2. The total impact of the changes above will be revenue neutral and result in a 0% increase to rates.
 3. Small Group dental products will be sold directly and through the Colorado Exchange. Small Group off-Exchange products are sold either through a broker or direct through DDCO.
 4. Premium rates for new plans vary by plan and age. Premium will be charged individually for adults and children (up to a maximum of three children). Rates for the small group pools are determined at the pool level and are based on three-tier or four-tier family composition. Rates for the small group direct plans are vary by plan, geographic area, group size, industry, and family composition.
 5. Product description

This filing addresses the four types of risk products that are offered to employer groups: EPO, PPO MAC, PPO Plus Premier, and Premier.

EPO plans:

Benefits provided by a PPO dentist are paid based on the PPO dentist's allowable fee. Benefits provided by Premier or non-participating dentists are not covered.

PPO MAC plans:

Benefits paid based on the PPO dentist's allowable fee. If the patient sees a Premier dentist, he or she will be responsible for the difference between the PPO dentist's Allowable fee and the fee from the Premier Maximum Plan Allowance (MPA). If the patient sees a non-participating dentist, he or she will be responsible for the difference between the PPO dentist's Allowable fee and the full billed charge.

PPO Plus Premier plans:

PPO Dentist – Benefits paid based on the PPO dentist's allowable fee.

Premier Dentist – Benefits paid based on the Premier MPA.

Non-Participating Dentist – Benefits paid based on the non-participating MPA.

Member is responsible for the difference between the non-participating MPA and the full billed charge.

Premier plans:

Premier Dentist – Benefits paid based on the Premier MPA.

Non-Participating Dentist – Benefits paid based on the non-participating MPA.

Member is responsible for the difference between the non-participating MPA and the full billed charge.

6. Forms impact:

A Contract	Implant Rider
B Contract	Orthodontic Rider
C Contract	
D Contract	
Voluntary C contract	
Smgrp 2014	

7. Premiums for plans offered on the Exchange vary by age due to the requirement of the ACA that pediatric members have additional benefits. Members under the age of 19 will pay the pediatric premium rate; 19 and over the adult premium rate.

Premiums for most plans offered off the Exchange are sold on a three-tier (Employee, Employee + 1, Employee + 2) or four-tier (Employee, Employee + Spouse, Employee + Child(ren), Employee + Family). Certain existing plans are sold on a per member, age rated basis.

8. Renewability provision: group policies are optionally renewable.

B. Assumption, Acquisition or Merger

The products included in this rate filing were not part of an assumption, acquisition or merger of policies from/with another company.

C. Rating Period

The rates will be applied to policy effective dates between 1/1/2014 and 12/31/2014.

D. Underwriting

These products will be issued to groups who meet the small group eligibility standards. No underwriting adjustments are applied.

E. Effect of law Changes: Pediatric benefit changes are being made in response to the Accountable Care Act. These changes have been filed under separate cover in our reasonable modification request.

F. Rate History

The table below summarizes the rate filings during the past three years for these products.

Effective Date	Explanation	Average Increase	Minimum Increase	Maximum Increase
1/1/2014	Annual Rate Filing	0.0%	-25.5%	33.5%
1/1/2013	Annual Rate Filing	1.4%	0.0%	4.0%
4/20/2012	Rate increase to meet target loss ratio	4.4%	0.0%	58.0%

The cumulative impact of rate changes in the past 12 months is an increase of 0.0%.

G. Coordination of Benefits

No separate adjustment for coordination of benefits was applied to the premium rates because dual coverage is not permitted.

H. Relationship of Benefits to Premium

Administrative expenses amount to 28.5% of premium.

I. Lifetime Loss Ratio

The rates of dental products are determined annually. As such, a lifetime loss ratio is not applicable.

J. Provision for Profit and Contingencies

2% of premium is included in retention for profit and contingencies.

K. Complete Description as to How the Proposed Rates were Determined

The rates for all plan designs were based on actual experience incurred during the time period April 2012 through March 2013 by members enrolled in existing small group products. Claims were projected forward to 1/1/2014 at an annual trend rate of 4% and were adjusted for benefits and administrative expenses. Premiums were calculated by applying the required retention percentage of 28.5% to claims. The projected loss ratio for the rating period is 71.5%.

Pediatric benefits were designed to achieve the required 70% and 85% actuarial values (AVs) for the pediatric population only. The actuarial value was calculated as the ratio of the estimated claims cost paid by the plan PMPM divided by the allowed claims PMPM, for services performed in-network only. A separate actuarial value certification has been submitted with this filing.

The per member rates for the Rocky Mountain plans were developed based on the current enrolled population and rates. Based on the number of employees enrolled in each tier and the underlying number of members within those tiers, a composite PMPM claim amount was calculated. Based on

the number of adults versus children and the expected rate differential between children and adults, the composite PMPM was split into separate child and adult PMPM rates.

Rates for the Rocky Mountain plans will be separated into Under 19 and 19 and Over. For children under 19, only the first three children will be included in the rate calculation. The underlying rates for each plan are shown in the Rates and Benefits exhibit.

L. Trend

4% underlying trend is assumed in pricing.

M. Credibility

The proposed rates are based on Colorado data from 4/1/2012 through 3/31/2013 including total 31,627 life years and 50,967 claims which meet the Colorado full credibility standard.

N. Data requirements

Below is a summary of the past three years of experience on Delta Dental's group plans.

Experience Period	Earned Premium*	Incurred Claims	Benefits Ratio	Average covered lives	Average number of policyholders
1/1/10-12/31/10	\$116,542,726	\$95,204,049	81.69%	401,211	247,429
1/1/11-12/31/11	\$126,052,199	\$100,497,156	79.73%	440,447	271,626
1/1/12-12/31/12	\$133,973,132	\$110,118,728	82.19%	473,821	300,264
1/1/13-3/31/13	\$34,336,263	\$29,001,244	84.46%	504,225	302,902

O. Side-by-Side Comparison

The only rate change in this filing is the transition of the plans marketed through Rocky Mountain Health plans from 4-Tier to member-rated. A side-by-side comparison of the 4-tier rates and an comparable per member rates are shown in Exhibit A.

P. Benefits Ratio Projections

The projected benefits ratio is 71.5%.

Q. Other Factors

Rates are not determined using rating factors.

R. Rating manuals and underwriting guidelines

Small group products are rated using a rate table and vary only by plan design and age. No underwriting adjustments are applied.

Exhibit A
Side by Side Comparison

Current Tier	Modified Tier	Plan	Current Rate	Adjusted Rate	Rate Increase
Employee Only	Single	Rocky Mountain Premier 6	\$37.20	\$37.13	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 6	\$74.13	\$74.26	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 6	\$75.78	\$57.22	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 6	\$75.78	\$77.31	2.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 6	\$75.78	\$97.41	28.5%
Family	Couple + 1 Child	Rocky Mountain Premier 6	\$113.81	\$94.35	-17.1%
Family	Couple + 2	Rocky Mountain Premier 6	\$113.81	\$114.44	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 6	\$113.81	\$134.54	18.2%
Employee Only	Single	Rocky Mountain Premier 8	\$37.20	\$37.13	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 8	\$74.13	\$74.26	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 8	\$82.42	\$61.42	-25.5%
Employee + Child	Single + 2	Rocky Mountain Premier 8	\$82.42	\$85.70	4.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 8	\$82.42	\$109.99	33.5%
Family	Couple + 1 Child	Rocky Mountain Premier 8	\$122.68	\$98.54	-19.7%
Family	Couple + 2	Rocky Mountain Premier 8	\$122.68	\$122.83	0.1%
Family	Couple + 3 or more	Rocky Mountain Premier 8	\$122.68	\$147.12	19.9%
Employee Only	Single	Rocky Mountain Premier 11	\$39.69	\$39.61	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 11	\$79.07	\$79.22	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 11	\$80.82	\$61.04	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 11	\$80.82	\$82.48	2.1%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 11	\$80.82	\$103.91	28.6%
Family	Couple + 1 Child	Rocky Mountain Premier 11	\$121.40	\$100.65	-17.1%
Family	Couple + 2	Rocky Mountain Premier 11	\$121.40	\$122.09	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 11	\$121.40	\$143.52	18.2%
Employee Only	Single	Rocky Mountain Premier 12	\$40.39	\$40.31	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 12	\$80.48	\$80.62	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 12	\$82.26	\$62.12	-24.5%
Employee + Child	Single + 2	Rocky Mountain Premier 12	\$82.26	\$83.94	2.0%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 12	\$82.26	\$105.75	28.6%
Family	Couple + 1 Child	Rocky Mountain Premier 12	\$123.56	\$102.44	-17.1%
Family	Couple + 2	Rocky Mountain Premier 12	\$123.56	\$124.25	0.6%
Family	Couple + 3 or more	Rocky Mountain Premier 12	\$123.56	\$146.06	18.2%
Employee Only	Single	Rocky Mountain Premier 15	\$39.69	\$39.61	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 15	\$79.07	\$79.22	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 15	\$87.47	\$65.24	-25.4%
Employee + Child	Single + 2	Rocky Mountain Premier 15	\$87.47	\$90.87	3.9%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 15	\$87.47	\$116.49	33.2%
Family	Couple + 1 Child	Rocky Mountain Premier 15	\$130.25	\$104.85	-19.5%
Family	Couple + 2	Rocky Mountain Premier 15	\$130.25	\$130.48	0.2%
Family	Couple + 3 or more	Rocky Mountain Premier 15	\$130.25	\$156.10	19.8%
Employee Only	Single	Rocky Mountain Premier 16	\$40.39	\$40.31	-0.2%
Employee + Spouse	Couple	Rocky Mountain Premier 16	\$80.48	\$80.62	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain Premier 16	\$88.91	\$66.32	-25.4%
Employee + Child	Single + 2	Rocky Mountain Premier 16	\$88.91	\$92.33	3.8%
Employee + Child	Single + 3 or more	Rocky Mountain Premier 16	\$88.91	\$118.33	33.1%
Family	Couple + 1 Child	Rocky Mountain Premier 16	\$132.44	\$106.63	-19.5%

Current Tier	Modified Tier	Plan	Current Rate	Adjusted Rate	Rate Increase
Family	Couple + 2	Rocky Mountain Premier 16	\$132.44	\$132.64	0.2%
Family	Couple + 3 or more	Rocky Mountain Premier 16	\$132.44	\$158.64	19.8%
Employee Only	Single	Rocky Mountain PPO Option 11	\$29.09	\$29.02	-0.2%
Employee + Spouse	Couple	Rocky Mountain PPO Option 11	\$57.93	\$58.04	0.2%
Employee + Child	Single + 1 Child	Rocky Mountain PPO Option 11	\$59.20	\$44.73	-24.4%
Employee + Child	Single + 2	Rocky Mountain PPO Option 11	\$59.20	\$60.43	2.1%
Employee + Child	Single + 3 or more	Rocky Mountain PPO Option 11	\$59.20	\$76.14	28.6%
Family	Couple + 1 Child	Rocky Mountain PPO Option 11	\$88.93	\$73.75	-17.1%
Family	Couple + 2	Rocky Mountain PPO Option 11	\$88.93	\$89.45	0.6%
Family	Couple + 3 or more	Rocky Mountain PPO Option 11	\$88.93	\$105.16	18.3%

Table of Benefits and Rates - New Delta Dental of Colorado Small Group Offerings

Effective 1/1/2014

Benefit Design

High or Low Pediatric
New Plan or Mod?
Contrib/Voluntary?
Line of Business
On/Off Exchange
Network
Plan Type
Deductible
Apply ded to
OOP Max
Annual Max
Class I
Class II
Class III
Ortho Offered?
Surgery/Endo/Perio
Waiting Pd (Adult)

	Small Group Child Plan - Mesa	Small Group Child Plan - Summit	Small Group Family Plan - Summit	Small Group Family Plan - Mesa
	Low	High	High	High
	New	New	New	New
	Voluntary	Voluntary	Voluntary	Voluntary
	Small Group	Small Group	Small Group	Small Group
	Both	Both	SHOP	SHOP
	PPO Only	PPO Only	PPO Only	PPO Only
	EPO	EPO	EPO	EPO
	\$50	\$50	\$50	\$50
	Basic/Major	Basic/Major	Basic/Major	Basic
	\$700	\$700	\$700	\$700
	N/A	N/A	\$2,000	\$1,000
	80%	100%	100%	100%
	60%	80%	80%	60%
	50%	50%	50%	0%
	No	No	No	No
	Major	Major	Major	Major
Basic	N/A	N/A	12 Month	6 Month
Major	N/A	N/A	12 Month	N/A
Basic	None	None	None	None
Major	12 Month	12 Month	12 Month	12 Month
Pediatric	N/A	N/A	No Change	100%/60%/60%

Pediatric

Deductible
Apply ded to
OOP Max
Class I
Class II
Class III

	Small Group Child Plan - Mesa	Small Group Child Plan - Summit	Small Group Family Plan - Summit	Small Group Family Plan - Mesa
	\$50	\$50	\$50	\$50
	Basic/Major	Basic/Major	Basic/Major	Basic
	\$700	\$700	\$700	\$700
	80%	100%	100%	100%
	60%	80%	80%	60%
	50%	50%	50%	60%*

*Added to meet actuarial value requirements

Price

Per child
Per adult

	\$20.75	\$23.75	\$23.75	\$22.75
	N/A	N/A	\$30.75	\$15.50

Exhibit B
Delta Dental of Colorado
Small Group Direct Plans

Monthly Premium = (A) x (B) x (C) x (D)

(A) Base Rates

Plan ID	Plan Name	EE Only	EE + SP	EE + CH	EE + FAM
28052CO0070001	Small Group Plan 1-C 1000	\$29.40	\$55.73	\$57.73	\$94.62
28052CO0070004	Small Group Plan 1-C 1000 Ortho	\$29.40	\$55.73	\$65.23	\$104.26
28052CO0070002	Small Group Plan 1-C 1500	\$31.59	\$59.86	\$60.69	\$99.85
28052CO0070005	Small Group Plan 1-C 1500 Ortho	\$31.59	\$59.86	\$68.19	\$109.49
28052CO0070003	Small Group Plan 1-C 2000	\$32.21	\$61.06	\$61.42	\$101.16
28052CO0070006	Small Group Plan 1-C 2000 Ortho	\$32.21	\$61.06	\$68.92	\$110.80
28052CO0070019	Small Group Plan 1-V 1000	\$25.45	\$48.25	\$49.97	\$81.91
28052CO0070022	Small Group Plan 1-V 1000 Ortho	\$25.45	\$48.25	\$57.47	\$91.56
28052CO0070020	Small Group Plan 1-V 1500	\$27.34	\$51.81	\$52.53	\$86.40
28052CO0070023	Small Group Plan 1-V 1500 Ortho	\$27.34	\$51.81	\$60.03	\$96.04
28052CO0070021	Small Group Plan 1-V 2000	\$27.87	\$52.87	\$53.15	\$87.54
28052CO0070024	Small Group Plan 1-V 2000 Ortho	\$27.87	\$52.84	\$60.65	\$97.18
28052CO0070007	Small Group Plan 2A-C 1000	\$33.23	\$62.98	\$65.23	\$106.93
28052CO0070010	Small Group Plan 2A-C 1000 Ortho	\$33.23	\$62.98	\$73.65	\$117.75
28052CO0070008	Small Group Plan 2A-C 1500	\$35.69	\$67.65	\$68.59	\$112.83
28052CO0070011	Small Group Plan 2A-C 1500 Ortho	\$35.69	\$67.65	\$77.02	\$123.67
28052CO0070009	Small Group Plan 2A-C 2000	\$36.39	\$69.00	\$69.40	\$114.32
28052CO0070012	Small Group Plan 2A-C 2000 Ortho	\$36.39	\$69.00	\$77.84	\$125.16
28052CO0070025	Small Group Plan 2A-V 1000	\$28.76	\$54.51	\$56.46	\$92.56
28052CO0070028	Small Group Plan 2A-V 1000 Ortho	\$28.76	\$54.51	\$64.69	\$103.14
28052CO0070026	Small Group Plan 2A-V 1500	\$30.88	\$58.55	\$59.37	\$97.64
28052CO0070029	Small Group Plan 2A-V 1500 Ortho	\$30.88	\$58.55	\$67.60	\$108.23
28052CO0070027	Small Group Plan 2A-V 2000	\$31.50	\$59.71	\$60.06	\$98.93
28052CO0070030	Small Group Plan 2A-V 2000 Ortho	\$31.50	\$59.71	\$68.30	\$109.52
28052CO0060007	Small Group Plan 2-C 1000	\$30.72	\$58.31	\$60.26	\$98.29
28052CO0060010	Small Group Plan 2-C 1000 Ortho	\$30.72	\$58.31	\$67.75	\$107.93
28052CO0060008	Small Group Plan 2-C 1500	\$33.00	\$62.63	\$63.35	\$103.74
28052CO0060011	Small Group Plan 2-C 1500 Ortho	\$33.00	\$62.63	\$70.85	\$113.38
28052CO0060009	Small Group Plan 2-C 2000	\$33.66	\$63.89	\$64.11	\$105.12
28052CO0060012	Small Group Plan 2-C 2000 Ortho	\$33.66	\$63.89	\$71.61	\$114.76
28052CO0060013	Small Group Plan 2-V 1000	\$26.59	\$50.47	\$52.16	\$85.09
28052CO0060016	Small Group Plan 2-V 1000 Ortho	\$26.59	\$50.47	\$59.66	\$94.73
28052CO0060014	Small Group Plan 2-V 1500	\$28.56	\$54.20	\$54.82	\$89.78
28052CO0060017	Small Group Plan 2-V 1500 Ortho	\$28.56	\$54.20	\$62.32	\$99.42
28052CO0060015	Small Group Plan 2-V 2000	\$29.13	\$55.28	\$55.48	\$90.97
28052CO0060018	Small Group Plan 2-V 2000 Ortho	\$29.13	\$55.28	\$62.98	\$100.61
28052CO0070013	Small Group Plan 3-C 1000	\$37.06	\$69.01	\$75.50	\$121.98
28052CO0070016	Small Group Plan 3-C 1000 Ortho	\$37.06	\$69.01	\$83.00	\$131.62
28052CO0070014	Small Group Plan 3-C 1500	\$39.82	\$74.71	\$79.32	\$129.17
28052CO0070017	Small Group Plan 3-C 1500 Ortho	\$39.82	\$74.71	\$86.82	\$138.81
28052CO0070015	Small Group Plan 3-C 2000	\$40.61	\$76.33	\$80.24	\$130.98
28052CO0070018	Small Group Plan 3-C 2000 Ortho	\$40.61	\$76.33	\$87.74	\$140.62
28052CO0070031	Small Group Plan 3-V 1000	\$29.38	\$54.71	\$59.85	\$96.70
28052CO0070034	Small Group Plan 3-V 1000 Ortho	\$29.38	\$54.71	\$67.35	\$106.34
28052CO0070032	Small Group Plan 3-V 1500	\$31.56	\$59.21	\$62.87	\$102.36
28052CO0070035	Small Group Plan 3-V 1500 Ortho	\$31.56	\$59.21	\$70.37	\$112.00
28052CO0070033	Small Group Plan 3-V 2000	\$32.18	\$60.49	\$63.59	\$103.79
28052CO0070036	Small Group Plan 3-V 2000 Ortho	\$32.18	\$60.49	\$71.08	\$113.43
28052CO0080001	Small Group Plan 4-C 1000	\$40.19	\$74.62	\$83.31	\$133.79
28052CO0080004	Small Group Plan 4-C 1000 Ortho	\$40.19	\$74.62	\$90.81	\$143.43
28052CO0080002	Small Group Plan 4-C 1500	\$43.17	\$80.79	\$87.51	\$141.63
28052CO0080005	Small Group Plan 4-C 1500 Ortho	\$43.17	\$80.79	\$95.00	\$151.27
28052CO0080003	Small Group Plan 4-C 2000	\$44.04	\$82.57	\$88.50	\$143.61
28052CO0080006	Small Group Plan 4-C 2000 Ortho	\$44.04	\$82.57	\$96.00	\$153.25
28052CO0080013	Small Group Plan 4-V 1000	\$31.87	\$59.15	\$66.04	\$106.06

Adjustment Factors

(B)

Region	Rating Factor
Region 1	1.00
Region 2	0.94
Region 3	0.81

(C)

Group Size	Rating Factor
1-4	1.21
5-50	1.00

Delta Dental of Colorado
Small Group Direct Plans

Plan ID	Plan Name	EE Only	EE + SP	EE + CH	EE + FAM
28052CO0080016	Small Group Plan 4-V 1000 Ortho	\$31.87	\$59.15	\$73.54	\$115.70
28052CO0080014	Small Group Plan 4-V 1500	\$34.21	\$64.03	\$69.35	\$112.24
28052CO0080017	Small Group Plan 4-V 1500 Ortho	\$34.21	\$64.03	\$76.85	\$121.88
28052CO0080015	Small Group Plan 4-V 2000	\$34.90	\$65.43	\$70.13	\$113.80
28052CO0080018	Small Group Plan 4-V 2000 Ortho	\$34.90	\$65.43	\$77.63	\$123.45
28052CO0080007	Small Group Plan 5-C 1000	\$41.44	\$77.05	\$85.35	\$137.39
28052CO0080010	Small Group Plan 5-C 1000 Ortho	\$41.44	\$77.05	\$92.85	\$147.03
28052CO0080008	Small Group Plan 5-C 1500	\$44.52	\$83.41	\$89.66	\$145.45
28052CO0080011	Small Group Plan 5-C 1500 Ortho	\$44.52	\$83.41	\$97.16	\$155.09
28052CO0080009	Small Group Plan 5-C 2000	\$45.41	\$85.24	\$90.70	\$147.48
28052CO0080012	Small Group Plan 5-C 2000 Ortho	\$45.41	\$85.24	\$98.20	\$157.12
28052CO0060001	Small Group Plan 6-C 1000	\$36.10	\$66.65	\$74.82	\$119.93
28052CO0060004	Small Group Plan 6-C 1000 Ortho	\$36.10	\$66.65	\$82.32	\$129.57
28052CO0060002	Small Group Plan 6-C 1500	\$38.78	\$72.38	\$78.59	\$127.17
28052CO0060005	Small Group Plan 6-C 1500 Ortho	\$38.78	\$72.38	\$86.09	\$136.81
28052CO0060003	Small Group Plan 6-C 2000	\$39.56	\$74.02	\$79.50	\$128.98
28052CO0060006	Small Group Plan 6-C 2000 Ortho	\$39.56	\$74.02	\$87.00	\$138.62

Exhibit B
Delta Dental of Colorado
Small Group Direct Plans

(D) NAICS Code

Minimum Code	Maximum Code	Description	Contrib Factor	Vol Factor
111110	213115	Agriculture, Forestry, Fishing and Hunting	0.87	0.85
221111	221330	Utilities	0.95	0.91
236115	238990	Construction	0.89	1.07
311111	327999	Manufacturing	0.81	0.98
332111	339999	Manufacturing	0.97	0.98
423110	425110	Wholesale Trade	0.89	0.98
441110	441320	Retail Trade	0.95	0.98
442110	454390	Retail Trade	1.00	0.98
481219	493190	Transportation and Warehousing	0.85	0.98
511110	519190	Information	1.09	0.98
522110	523999	Finance and Insurance	1.07	1.01
524113	525990	Finance and Insurance	1.09	1.07
531110	533110	Real Estate and Rental and Leasing	0.82	1.07
541110	541990	Professional, Scientific, and Technical Services	1.14	1.10
561110	561990	Administrative and Support and Waste Management and Remediation Services	1.05	1.07
611110	611710	Educational Services	1.12	1.20
621111	621512	Health Care and Social Assistance	1.07	1.07
622110	622310	Health Care and Social Assistance	1.05	0.94
623110	624410	Health Care and Social Assistance	0.98	0.94
711190	722410	Arts, Entertainment, and Recreation	0.96	1.07
811111	813990	Other Services (except Public Administration)	0.79	0.98
921110	927110	Public Administration	1.06	1.10

Exhibit B
Delta Dental of Colorado
Small Group Rating Pools
Monthly Premiums

Three-Tier Plans

Plan ID	Plan Name	EE Only	EE + 1	EE + 2
28052CO0030001	ABP Voluntary Plan Option 1	\$35.82	\$66.29	\$115.01
28052CO0030002	ABP Voluntary Plan Option 2	\$30.74	\$56.91	\$97.81
28052CO0030003	ABP Voluntary Plan Option 3	\$35.82	\$67.07	\$124.41
28052CO0030004	ABP Voluntary Plan Option 4	\$30.74	\$57.66	\$106.75
28052CO0030005	ABP Voluntary Plan Option 5	\$22.16	\$49.12	\$79.61

Four-Tier Plans

Plan ID	Plan Name	EE Only	EE + SP	EE + CH	EE + FAM
28052CO0030006	Beta Health Plan A	\$30.98	\$59.48	\$63.18	\$101.60
28052CO0030012	Beta Health Plan A Ortho	\$30.98	\$59.48	\$69.36	\$107.78
28052CO0030007	Beta Health Plan B	\$34.86	\$66.00	\$70.98	\$114.56
28052CO0030013	Beta Health Plan B Ortho	\$34.86	\$66.00	\$77.20	\$120.80
28052CO0030008	Beta Health Plan C	\$37.00	\$70.06	\$75.34	\$121.60
28052CO0030014	Beta Health Plan C Ortho	\$37.00	\$70.06	\$81.96	\$128.24
28052CO0030009	Beta Health Plan D	\$33.66	\$63.72	\$68.52	\$110.60
28052CO0030015	Beta Health Plan D Ortho	\$33.66	\$63.72	\$74.52	\$116.62
28052CO0030010	Beta Health Plan E	\$37.00	\$70.06	\$75.34	\$121.60
28052CO0030016	Beta Health Plan E Ortho	\$37.00	\$70.06	\$81.96	\$128.24
28052CO0030011	Beta Health Plan F	\$33.66	\$63.72	\$68.52	\$110.60
28052CO0030017	Beta Health Plan F Ortho	\$33.66	\$63.72	\$74.52	\$116.62
28052CO0050022	Kaiser Plan 1851	\$17.94	\$38.34	\$38.96	\$59.31
28052CO0050020	Kaiser Plan N12	\$30.08	\$64.30	\$65.33	\$99.46
28052CO0050021	Kaiser Plan N12 Ortho	\$30.08	\$64.30	\$72.33	\$108.46
28052CO0040001	Patient Freedom Option 2	\$32.20	\$61.84	\$65.70	\$106.92
28052CO0040009	Patient Freedom Option 2 Ortho	\$32.20	\$61.84	\$72.14	\$113.36
28052CO0040002	Patient Freedom Option 3	\$36.42	\$68.94	\$74.16	\$119.68
28052CO0040010	Patient Freedom Option 3 Ortho	\$36.42	\$68.94	\$80.66	\$126.18
28052CO0040003	Patient Freedom Option 4	\$32.20	\$61.84	\$65.70	\$106.92
28052CO0040011	Patient Freedom Option 4 Ortho	\$32.20	\$61.84	\$72.14	\$113.36
28052CO0040004	Patient Freedom Option 5	\$36.42	\$68.94	\$74.16	\$119.68
28052CO0040012	Patient Freedom Option 5 Ortho	\$36.42	\$68.94	\$80.66	\$126.18
28052CO0040005	Patient Freedom Option 7	\$32.20	\$61.84	\$65.70	\$106.92
28052CO0040013	Patient Freedom Option 7 Ortho	\$32.20	\$61.84	\$72.14	\$113.36
28052CO0040006	Patient Freedom Option 8	\$36.42	\$68.94	\$74.16	\$119.68
28052CO0040014	Patient Freedom Option 8 Ortho	\$36.42	\$68.94	\$80.66	\$126.18
28052CO0040007	Patient Freedom Option 9	\$32.20	\$61.84	\$65.70	\$106.92
28052CO0040015	Patient Freedom Option 9 Ortho	\$32.20	\$61.84	\$72.14	\$113.36
28052CO0040008	Patient Freedom Option 10	\$36.42	\$68.94	\$74.16	\$119.68
28052CO0040016	Patient Freedom Option 10 Ortho	\$36.42	\$68.94	\$80.66	\$126.18
28052CO0050001	Rocky Mountain PPO Option 11*	\$29.09	\$57.93	\$59.20	\$88.93
28052CO0050002	Rocky Mountain PPO Option 11 Voluntary*	\$29.09	\$57.93	\$59.20	\$88.93
28052CO0050011	Rocky Mountain Premier Option 6*	\$37.20	\$74.13	\$75.78	\$113.81

Delta Dental of Colorado

Small Group Rating Pools

Monthly Premiums

Plan ID	Plan Name	EE Only	EE + SP	EE + CH	EE + FAM
28052CO0050012	Rocky Mountain Premier Option 6 Voluntary*	\$37.20	\$74.13	\$75.78	\$113.81
28052CO0050013	Rocky Mountain Premier Option 8*	\$37.20	\$74.13	\$82.42	\$122.68
28052CO0050014	Rocky Mountain Premier Option 8 Voluntary*	\$37.20	\$74.13	\$82.42	\$122.68
28052CO0050003	Rocky Mountain Premier Option 11*	\$39.69	\$79.07	\$80.82	\$121.40
28052CO0050004	Rocky Mountain Premier Option 11 Voluntary*	\$39.69	\$79.07	\$80.82	\$121.40
28052CO0050005	Rocky Mountain Premier Option 12*	\$40.39	\$80.48	\$82.26	\$123.56
28052CO0050006	Rocky Mountain Premier Option 12 Voluntary*	\$40.39	\$80.48	\$82.26	\$123.56
28052CO0050007	Rocky Mountain Premier Option 15*	\$39.69	\$79.07	\$87.47	\$130.25
28052CO0050008	Rocky Mountain Premier Option 15 Voluntary*	\$39.69	\$79.07	\$87.47	\$130.25
28052CO0050009	Rocky Mountain Premier Option 16*	\$40.39	\$80.48	\$88.91	\$132.44
28052CO0050010	Rocky Mountain Premier Option 16 Voluntary*	\$40.39	\$80.48	\$88.91	\$132.44

* 4-Tier rates only available to grandfathered plans

Per Member Rates (Up to 3 Children)

Plan ID	Plan Name	Adult	Under 19
28052CO0050001	Rocky Mountain PPO Option 11**	\$29.02	\$15.70
28052CO0050002	Rocky Mountain PPO Option 11 Voluntary**	\$29.02	\$15.70
28052CO0050011	Rocky Mountain Premier Option 6**	\$37.13	\$20.09
28052CO0050012	Rocky Mountain Premier Option 6 Voluntary**	\$37.13	\$20.09
28052CO0050013	Rocky Mountain Premier Option 8**	\$37.13	\$24.29
28052CO0050014	Rocky Mountain Premier Option 8 Voluntary**	\$37.13	\$24.29
28052CO0050003	Rocky Mountain Premier Option 11**	\$39.61	\$21.43
28052CO0050004	Rocky Mountain Premier Option 11 Voluntary**	\$39.61	\$21.43
28052CO0050005	Rocky Mountain Premier Option 12**	\$40.31	\$21.81
28052CO0050006	Rocky Mountain Premier Option 12 Voluntary**	\$40.31	\$21.81
28052CO0050007	Rocky Mountain Premier Option 15**	\$39.61	\$25.63
28052CO0050008	Rocky Mountain Premier Option 15 Voluntary**	\$39.61	\$25.63
28052CO0050009	Rocky Mountain Premier Option 16**	\$40.31	\$26.01
28052CO0050010	Rocky Mountain Premier Option 16 Voluntary**	\$40.31	\$26.01

** New business to be rated per member